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ABSTRACT

The purpose of these two publications is to help Oregon school districts develop and implement health services programs for students in preschool through grade 12. Section 1 of the primary text provides an overview of the school health program in terms of the state standard for health services, development of a school health services program, and health promotion. Section 2 describes general provisions of school health programs, including a positive learning environment, health counseling, the keeping of health records, health education, and guidelines for school-based clinics. Section 3 details provisions of school health programs in the areas of health appraisal, emergency health care plans, immunization, communicable disease control, medication, child abuse, and children with special health care needs. Each topical section begins with a statement of the school administrator's responsibility regarding the area of concern. The publication includes: (1) a copy of the Oregon School Health Record form and guidelines for completing it; (2) a copy of Oregon's Certificate of Immunization Status; (3) a chart of 32 common communicable diseases that includes information on symptoms, incubation period, mode of transmission, period of communicability, minimum exclusion time, and preventive measures; and (4) the Oregon Health Division's guidelines for schools with children who have Hepatitis B Virus or Human Immunodeficiency Virus infections. The supplement includes: (1) sample forms and letters which can be reproduced or adapted as needed; (2) information that was too lengthy to be included in the primary text; (3) a list of national and local health resource agencies; and (4) checklists, including a student's self-assessment checklist for anorexia nervosa and bulimia and the Taylor Hyperactivity Screening Checklist. A topical index groups contents in these categores: accident, allergies, anorexia nervosa/bulimia, asthma, blood pressure, clinics, dental, diabetes, exclusion, head injury, head lice, health intervention, hearing, hyperactivity, medically at risk, medication, neglect and abuse, physicals, scoliosis, seizures, stings, tuberculosis, and vision. (RH)

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HEALTH SERVICES FOR THE SCHOOL-AGE CHILD

1989

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Health Services for the School-Age Child
1989

Jerry Fuller
Associate Superintendent
Division of Special Student Services
Oregon Department of Education

Judy Miller, Director - *Student Services Section*
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FOREWORD

The purpose of this publication is to assist Oregon school districts with the development and implementation of health services programs for students in preschool/kindergarten through grade 12. It replaces the 1984 publication, Health Services for the School-Age Child in Oregon, and is designed to conform to the standard for health services, OAR 581-22-705.

This publication was developed by a committee representing school administration, school nursing, public health, professional medicine, and health education. In order to shorten the publication, forms and other materials are now included in the Supplement to Health Services for the School-Age Child. It was reviewed by many other individuals as well, and the combined effort of all these people has demonstrated their dedication to working cooperatively with parents to protect, promote, and improve student health. It is such alliances that will help us e our goal of excellence in Oregon schools.

School districts may add their own procedures to the manual for ready reference.

For further information, contact Don Perkins, Student Services Section, Oregon Department of Education, 378-3591.

Verne A. Duncan
State Superintendent
of Public Instruction

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SECTION I

OVERVIEW OF SCHOOL HEALTH PROGRAM

A. State Standard for Health Services

B. Developing a School Health Services Program

C. Health Promotion

INTRODUCTION

Oregon Administrative Rule requires that each school district shall maintain a prevention-oriented health services program for all students (OAR 581-22-705). Providing health services, along with maintaining a healthful environment and offering health education are the three major components of a school health program. They often overlap and complement one another. With a goal of protecting, promoting, and improving the health of the school-age child, school personnel join in a team effort with parents and health professionals in the community to: (1) identify students with health problems and refer them to appropriate resources, (2) maintain a safe and healthful environment for students, (3) encourage students through education to assume responsibility for their health, and (4) provide appropriate services for health maintenance.

Responsibility for the health services program is vested in the school superintendent by the school board. Patterns of organization in each district will vary according to the number of children enrolled in the school district, the nature of student health needs, administrative philosophy, policies, and practices; legal considerations; community resources; and available leadership.

STATE STANDARD FOR HEALTH SERVICES*

School Administrator's Responsibility

The district shall maintain a prevention-oriented health services program for all students, with specific features identified in the rule.
OAR 581-22-705

Health Services

581-22-705

1. The school district shall maintain a prevention-oriented health services program for all students which provides:

    a. Emergency health care, including space separated from other students adequately equipped for providing first aid.
    b. Communicable disease control, as provided in Oregon Revised Statutes.
    c. Health records and health record information.
    d. Adaptation of services for students with special health needs.
    e. Coordination with the health education program.
    f. Vision and auditory screening.
    g. Coordination with local public health service agencies.

2. School districts shall adopt policies and procedures which consider admission, placement, and supervision of students with infectious disease, including Hepatitis B, Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

3. School nurses employed by a school district shall be licensed to practice as registered nurses.**

4. At least one staff member for each 60 students in each school shall hold a current, recognized first aid card. No school shall have less than one staff member who holds a current, recognized first aid card. (ORS 342.599)

5. The school district shall have policies and/or administrative procedures concerning employees with infectious diseases, including Hepatitis B, Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

---

*State Standards for Public Schools, as Oregon Administrative Rules, have the force of law. The "compliance indicators" are used by Department of Education staff to determine school district compliance with the rules. The commentary further clarifies the language in each rule as well as the State Board's intent upon adoption of the rule.

**It is recommended, but not required, that a registered nurse working in a school district be certified by the Teacher Standards and Practices Commission as outlined in ORS 342.465 and 342.475.

Compliance Indicators

- The district maintains a prevention-oriented health services program for all students.

- The program provides for:

  - emergency health care and separate space for providing first aid
  - health records and health record information kept on all students
  - services for students with special health needs
  - coordination with the health education program
  - vision and auditory screening
  - communicable disease control program
  - coordination with local public health service agencies

- The school district has adopted policies and procedures focusing on infectious disease, including Hepatitis B, Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), as related to student admission, placement, and supervision.

- The school district only employs school nurses who have licenses to practice as registered nurses.

- Each school has at least one staff member who holds a current, recognized first-aid card with no fewer than one staff member per 60 students in each school holding such a card.

- The school district has adopted policies and/or administrative procedures concerning employees with infectious diseases, including Hepatitis B, Human-Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS).

Commentary

Each school district is required to meet the health services standard. The district should have written plans to describe the health services program, including job descriptions. The program should evidence mutual understanding and cooperation among members of the health services team, and its effectiveness in delivering services to students should be evaluated.

The intent of the health services standard is to assist school districts in designing programs which will assure that minimal health needs of students are met. Teacher involvement in prevention-oriented health services is essential to the success of the program. A child who is in poor health is less able to benefit from the educational program or, in some instances, a child may have a communicable disease which endangers others.

Health services include procedures required by law. In addition to the program provisions outlined above, school districts are required to adopt policies and procedures which consider the admission, placement, and supervision of students with infectious disease. They must also have policies and/or administrative procedures concerning employees with infectious diseases.

Health services also include procedures which prevent health problems and support systems, such as good recordkeeping, adaptation of services for students with special needs, and coordination with the school health education program. An age-appropriate plan of instruction about infectious diseases should also be provided (OAR 581-22-412).

The health services standard encourages coordination with local public health service agencies. The Department of Education has interagency agreements with other agencies, such as the Health Division, Crippled Children's Division, and Children's Services Division.

This standard requires that a separate space under proper supervision be provided for ill or injured children. In small schools, this requirement can be met by placing a bed or cot in the principal's office or adjacent room where ill or injured children may lie down. Having these children sit in the main office where others frequently pass should be avoided.

In item two, registered nurses employed by a school district are encouraged to apply to TSPC for certification.

In item four, "staff member" may include both certificated and noncertificated staff to meet the ratio.

Sample policies and procedures for infectious diseases, including Hepatitis B, HIV, and AIDS as outlined in items 3 and 5, are available from the Oregon Department of Education.

DEVELOPING A SCHOOL HEALTH SERVICES PROGRAM

The purpose of a school health services program is to protect, promote, and improve the health of the school-age child. The scope of the program is determined by student needs and school and community resources.

The environment in which students work and play influences their health, habits, attitudes, comfort, safety, and working efficiency. Parents have the right to expect that the school will be a safe and healthful place for students. The environment is the responsibility of the school administration; helping to maintain it is the responsibility of students and school personnel, and inspecting for environmental deficiencies may be the responsibility of the local health department.

The school shall promote safety practices within the school environment and during school sponsored activities. School staff and students should be aware of their responsibility for their own safety and the safety of others.

The following principles should be considered in the development of the program:

1. Every child has a right to a level of health which will allow for the greatest possible utilization of educational opportunities.
2. A child who is in good health is better able to benefit from the educational program.
3. The health services program should focus on the prevention of health problems.
4. Parents have the primary responsibility for their children's health.
5. The school district has an obligation to protect and promote the health of its students.
6. School personnel should assist parents in carrying out this responsibility and in helping parents to effectively utilize community resources.
7. Teacher involvement is essential to the success of the program.
8. The school health services program should be consistent with the philosophy and goals of the total school program.
9. The school is an integral part of the community, and coordination with community agencies is essential to assure that the health needs and interests of children will be met.

It is fundamentally important to coordinate services of the entire school staff and cooperatively plan with home and community. Even in cases where a small school lacks a health specialist and has limited community resources and facilities, a basic program can be adapted to its needs. Large school systems should be able to provide a comprehensive program which utilizes a wide range of professional personnel and resources to fully implement recommended policies and procedures.

Suggested Procedures for Program Development

A. Formation of a Planning Committee:

1. Membership

   - Individuals who are interested in and committed to the protection and promotion of student health.
   - Persons representing health professions, local organizations and agencies, students, parents, and school personnel.

2. Purpose:

   - To review present services and present to the school board and district administration plans for the district school health services program, based on assessed student needs.
   - To serve as the Health Services Advisory Committee with responsibilities for reviewing goals and needs, evaluating program effectiveness and making recommendations to the administration for program improvement.

B. Committee Responsibilities:

1. Review state and federal legal requirements relating to school health services.

   - Oregon Administrative Rules

     -Health Services, OAR 581-22-705
     -Emergency Plans and Safety Programs, OAR 581-22-706
     -Control of Diseases, OAR 333-17-000 through 333-19-415

   - Oregon Revised Statutes

     -Communicable disease control including immunization and treatment, ORS 433.235-280
     -Child abuse, ORS 418.740-775
     -Medical treatment for students over 15 years of age, ORS 109.610
     -Administering medications in school, ORS 336.650
     -Educational programs for pregnant students under handicapped child statute, ORS 343.187
     -Attendance Requirements, ORS 339.175

   - Federal Laws

     -Handicapped Child Law PL 94-142, 99-457, and 89-313
     -Section 504 of the Rehabilitation Act of 1973.
     -Title VI of the Civil Rights Act of 1964.

2. Clarify the district's position regarding its school health services program.

3. Identify health needs of students.

    - Health maintenance needs of school-age children
    - Health problems which are prevalent among school-age children
    - Health problems which are unique to the local community
    - Health problems of children with special health care needs

4. Determine program goals to include such areas as:

    - Healthful school environments
    - Health appraisal and follow-up
    - Communicable disease control
    - Emergency health care
    - Special health needs (child abuse, handicaps)
    - Health counseling
    - Health records and information
    - Coordination with health education program

5. Develop a plan to implement the program goals, considering:

    - Services to be provided (i.e., health appraisals might include vision, hearing, scoliosis, height and weight, hypertension screening)
    - Objectives for each service to be provided
    - Policies, procedures, personnel, facilities, and supplies necessary to carry out services
    - Evaluation procedures for each service.

6. Evaluate effectiveness of services.

School Administrator's Responsibility

The school district shall maintain a prevention-oriented health services program for all students. OAR 581-22-705

Rationale

Health promotion programs recognize the total health needs of the students and staff. Good health promotes improved work performance and increased personal satisfaction. Good health habits need to be practiced and achieved for life-long optimum health.

Procedure

1. Develop procedures that meet the minimum standards.

2. Identify a district-wide health promotion team that will develop a total plan of health promotion practices and activities for staff and students.

3. Contact the director of Health Education, Oregon Department of Education for information on the annual Seaside Health Conference. This week-long conference on health promotion provides a basis for initiating a district health promotion program.

Recommendations for Health Education

1. Review current state health curriculum guidelines for health promotion approach as a theme for curriculum.

2. Develop action-oriented health promotion activities for staff and students.

Resources

Health Education Specialist
Oregon Department of Education
700 Pringle Parkway SE
Salem, OR 97310-0290
Phone: 378-4327

SECTION II

GENERAL PROVISIONS OF
SCHOOL HEALTH PROGRAMS

A. Positive Learning Environment

B. Health Counseling

C. Health Records and Information

- Oregon School Health Record
- Guidelines for Recording on Oregon School Health Record Folder

D. Health Education

E. School-Based Clinic Guidelines

School Administrator's Responsibility

The school staff's responsibility for providing a positive learning environment is to be open and sensitive to the needs of students and make appropriate referrals.

Rationale

The school can influence healthful student development by maintaining a learning environment which protects and promotes mental and physical health. Safe and attractive physical surroundings, and an emotional climate free from unnecessary tension and stress are conducive to learning and creative expression. The teacher should maintain a classroom environment in which respect, concern, and acceptance of others prevail. School personnel are encouraged to develop positive working relationships with parents.

Schools should expose students at every grade level to a variety of positive learning experiences. Opportunities to achieve success, to identify emotions and deal with them appropriately, to make decisions with knowledge of the consequences, and to assume responsibility for various tasks--all contribute to the students' improved self-image and development. In addition, students should receive guidance in establishing appropriate relationships with adults and peers, as an ongoing process from kindergarten through grade 12.

Procedures

The school staff's responsibility for children who exhibit emotional or behavioral concern in the school is to discuss the problem with the parents, make a decision as to the severity of the problem, and take appropriate steps for correction or referral to school or community agencies.

Parents and school staff can obtain assistance for students with emotional or behavioral disturbances from county health departments, child guidance clinics, the Mental Health Division of the Department of Human Resources, or private practitioners who specialize in treatment of children.

The teacher must be alert to students who show signs of physical problems and/or emotional disturbances. Sometimes it is extremely difficult (even for professionals) to distinguish a student's emotional problems from those of a physical nature. Some behavioral patterns which warrant referral by the observant teachers may include:

- constant attention seeking
- inattentive; daydreaming
- unhappy; depressed; withdrawn
- lack of confidence; low self-esteem; self-censure
- stuttering or other forms of speech difficulty
- bullying; domineering, over aggressive; cruel
- antagonistic; negative; continually quarreling
- frequently teased; often the scapegoat
- poor accomplishment in comparison with ability
- lack of appreciation of property rights; stealing; vandalism
- truancy; frequent absences
- drug or alcohol abuse
- fearfulness
- tantrums
- unusual or bizarre behaviors
- self-destructiveness
- numerous or frequent somatic complaints

Resources, Evaluation, and Treatment

When a teacher identifies a student who exhibits emotional or behavioral concern, the teacher should discuss the matter with the principal, counselor, or school nurse. If it is agreed that a problem may exist, the parents should be contacted and the principal, counselor, or nurse may refer the child to the appropriate school or community support service for a more specific evaluation. From this evaluation, a plan for treatment should evolve if needed. Resources for such evaluation and treatment will vary from one community to another.

When mental health resources are not readily available, the principal, counselor, or nurse may consult with the district health coordinator or specialist, or with the county health department, to identify sources of help. In some communities, the Mental Health Division of the Department of Human Resources and child guidance clinics can offer assistance. The Mental Health Association of Oregon provides literature on prevention of mental disorders and promotes legislation to improve mental health conditions for the citizens of Oregon.

The child should be evaluated to determine the presence of a handicapping condition. If the child is handicapped, an IEP should be developed. If not handicapped, the child should have a program to correct the emotional or behavioral concern.

Resources

- Supplement to Health Services for the School-Age Child
  Item 1, School Health Services Referral Form
  Item 2, Request for Health Information (Physician Referral Form)
  Item 3, Parental Authorization for Release of Confidential Information

School Administrator's Responsibility

Health counseling is an important part of the prevention-oriented health services program required by OAR 581-22-705. School staff need to be knowledgeable of potential health problems and local resources. The school nurse is a key person.

Rationale

The goals of health counseling are to identify symptoms of potential health concerns and to refer the student or family to community resources. Temporary adjustments of the school program may also be indicated.

Procedure

1. School staff are to be provided information regarding common health concerns. These conditions might include epilepsy, diabetes, eating disorders, depression, substance abuse, and communicable diseases.

2. A plan is developed for identification and referral of health concerns.

3. Key staff people are knowledgeable of community resources.

4. School services, such as home study, special education, or partial-day attendance may be indicated.

Recommendations for Health Education

Health education needs to include current health issues of students. This includes information that empowers the student to assess and improve his own health.

Resources

- Local health professionals
- County health department for health education information
- Supplement to Health Services for the School-Age Child
  Item 4, Local health department phone list
  Item 5, School health resource agencies and associations

School Administrator's Responsibility

School law requires that all progress records be forwarded upon notification that the student has enrolled in another educational institution. No parental permission is required.

All student records, including health records, must be made available to parents or legal guardians within a specified time not to exceed 45 days.
ORS 336.185-215

Health records should be kept until three years after the individual has departed the school.
OAR 166-40-1100

Rationale

An Oregon school health record folder should be started when each child enters school and should follow the student as he or she moves from grade to grade and from school to school. All student health records are confidential and should be released only in accordance with applicable state and federal laws.

Oregon School Health Record Folder

The Oregon school health record is a part of the student's progress record (ORS 336.185). Records of behavior or conversation should be kept in the behavioral file. Personal working notes of a nurse or other certificated staff may be kept confidential as long as they are in the possession of the maker. Student progress records, including health records, shall be available to parents or legal guardians, and with parent permission, to other agencies or institutions requesting such records. They may be made available to all teaching staff depending on local board policy. The health record card must be transferred with other progress records when the student moves from the school.

An effective use of the folder is to annually review each student's record with identification of health problems and formulation of appropriate remedial actions.

Recording on the Oregon School Health Record

The Oregon school health record folder can help determine the needs, interests and capacities of the student. Specific health information about the student should be current, concise, and pertinent. Information may be recorded by the nurse if one is available or by a paraprofessional, aide, or volunteer under the supervision of a nurse or a certificated staff member. All notations should be signed and dated.

The student's immunization record should be kept up to date by the school and appropriate entries made in the record.

Storage of Health Records

The student health records must be stored in a manner and location where those using the record can have ready access. Maintenance and supervision of the record as well as accessibility are important criteria for determining the location.

The health records should not be stored in an area of heavy traffic or where unauthorized persons could have access. Storage with other student records is recommended unless this location would create an inconvenience for the school nurse or other person using the health record.

Last Name First MI

Social Security No. ______ (requested but not required)

OREGON SCHO[illegible] HEALTH RECORD

(Please complete this section in pencil)

Sex ____ Birth Date ______ Birth Place ______

Street Address ______ Telephone No. ______

City ______ Zip Code ______

Father's Name ______ Day Phone ______

Mother's Name ______ Day Phone ______

Child Lives With ______ Phone No. ______

Emergency Name ______ Phone No. ______

Health Care Provider ______ Phone No. ______

IMMUNIZATION HISTORY

Vaccine		Mo/Day/Yr
DTP/ DT/ Td	No. 1	/ /
	No. 2	/ /
	No. 3	/ /
	No. 4	/ /
	No. 5	/ /
	No. 6	/ /
Polio	No. 1	/ /
	No. 2	/ /
	No. 3	/ /
	No. 4	/ /
	No. 5	/ /
Measles		/ /
Rubella		/ /
Mumps		/ /
Other		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

Immunizations Complete ☐ ______

Immunizations Incomplete (specify)

Incomplete/ Up to date ☐ ______ Date

Religious Exemption ☐ ______ Date

Medical Exemption ☐ ______ Date

Specify ______

TB Screening

Date	Type	Result
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

SPECIAL HEALTH CONSIDERATIONS AND/OR 94-142

Problem No.	Date Identified	Problem	Date Resolved

PHYSICAL/DENTAL EXAMINATION

Date	Exam By	Results

SCREENING

School Year	Grade	School/City	Height	Weight	Glasses	Vision			Dental	Blood Pressure	Scoliosis	Audiometric		Health Card Review Or Other Comments	Total Days Absent
						Right	Left	Both				Right	Left		

N-NORMAL OR NO TREATMENT NEEDED R-REFERRED UT-UNDER TREATMENT C-CORRECTED D-DEFERRED OR NO TREATMENT NEEDED AT THIS TIME

Form 581-3417 (Rev. 10/88)

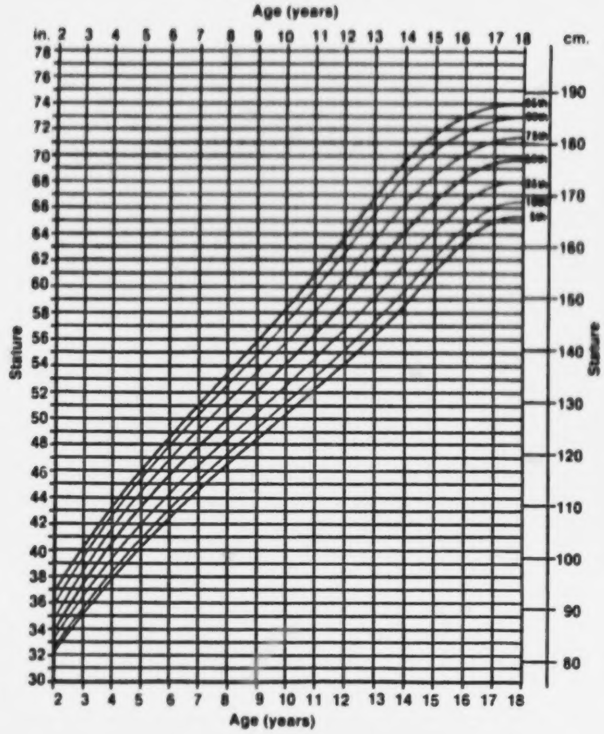
OREGON DEPARTMENT OF EDUCATION SALEM, OREGON 97310-0290

HEALTH HISTORY

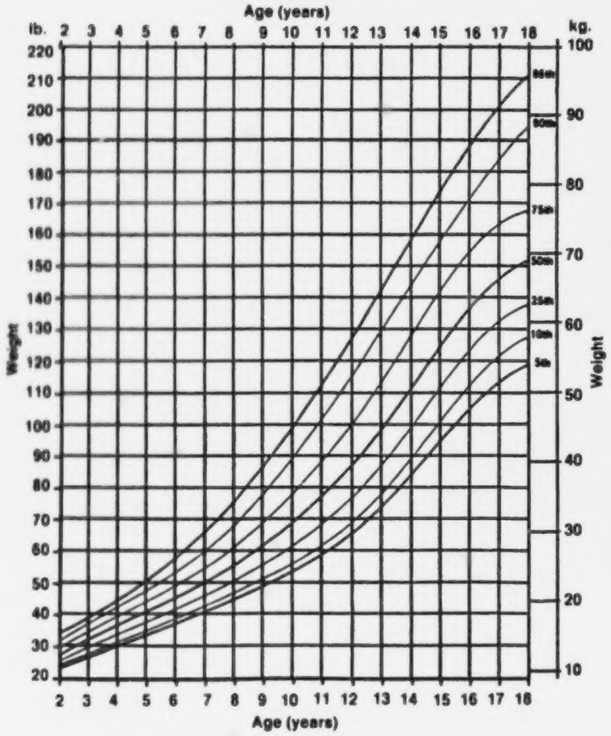
Note: Behavioral comments are to be placed in behavioral record, not on the Health Record.

Date	Code/ Number	HEALTH PROGRESS NOTES PLEASE SIGN ALL ENTRIES WITH NAME & TITLE	Date	Code/ Number	HEALTH PROGRESS NOTES CONTINUED PLEASE SIGN ALL ENTRIES WITH NAME & TITLE

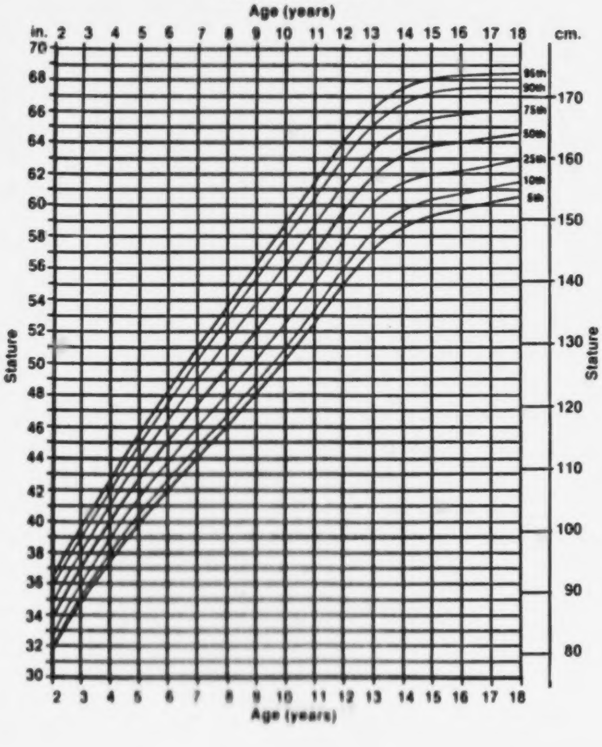
BOYS FROM 2 TO 18 YEARS
STATURE FOR AGE



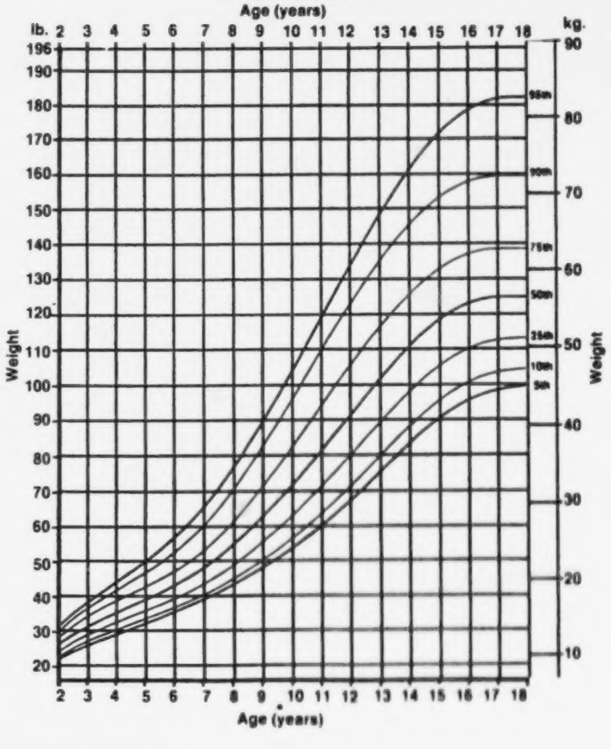
BOYS FROM 2 TO 18 YEARS
WEIGHT FOR AGE



GIRLS FROM 2 TO 18 YEARS
STATURE FOR AGE



GIRLS FROM 2 TO 18 YEARS
WEIGHT FOR AGE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION, NATIONAL CENTER FOR HEALTH STATISTICS, AND CENTER FOR DISEASE CONTROL

GUIDELINES FOR RECORDING ON OREGON SCHOOL HEALTH RECORD FOLDER
(Form #581-3417, Revised 10/88)

Heading Section
- Name, sex, birth date: use pen or type.
- USE PENCIL ONLY on all phone numbers, parents or guardians, occupations, physician, dentist, other specialists, and emergency name and number.
- Use ink for recording all other entries.

Screening Results
- Height: record to the nearest one-fourth inch.
- Weight: record to the nearest one-half pound.
- Vision: record results of vision screening. Rechecks to be recorded in the health progress notes. Be sure to check if wearing glasses.
- Dental: use provided code.*
- Scoliosis: use provided code.*
- Audiometric: use provided code.*
- Comments: any additional information regarding screenings.
- Total days absent: end of the year total.

Immunizations
- Immunization status information should be completed.
- Immunization history section may be used to record immunization dates.
- Certificate of Immunization Status form, with parent signature, must be in folder.

Special Health Considerations
- Significant health problems should be noted in this section.
- Additional comments about these health problems should be identified by the use of the problem number in the health progress notes.
- Problem numbers are not related to the health priority but are chronological in order.

Color Code
- You may wish to develop a color/number code to help identify health problems within your school district. If you do so, include code guidelines with all transferred records.

Health History
- Record a brief dated listing of significant concerns, illness, injuries, or chronic health conditions.

Physical Exam
- Record date of exam, examining health care provider, and significant findings.

Health Progress Notes
- When applicable, use the problem number listed on the front of the card.
- All entries should be dated and signed.

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*CODE: N - Normal or no treatment needed, R - Referred, UT - Under treatment, C - Corrected, D - Deferred or no treatment needed at this time

NOTE: Behavioral comments are to be a part of the behavioral record, not a part of the health record. Oregon School Health Record folders may be obtained from your local ESD office.

School Administrator's Responsibility

The school shall assure coordination between health services personnel and health education teaching staff in providing students with educational experiences which will lead to the development of positive lifelong health practices. OAR 581-22-705

Rationale

Good health goes beyond the absence of disease; it embraces optimum physical, mental, and emotional well being, and is based upon learned health promotion behaviors and intelligent use of health care services. This approach is readily modeled for students when health educators and health services personnel in the schools cooperate and support each other.

Requirements

1. School health services committee should include health educators.
2. School health education committee should include health service personnel.
3. School health services program plan should specify methods for coordination with health education.
4. Roles of health education and health services personnel should be complementary and avoid duplication.

Procedures

1. Students and families should be informed about health service activities provided at schools via individual letters, newsletters, information sessions, or public media.
2. Parental permission should be requested for specialized services, such as immunization clinics and fluoride mouth rinse program.
3. Health services personnel may serve as a resource to teachers or may occasionally provide direct health instruction in the classroom as invited by the teacher.
4. The health educator should promote judicious use of school and community health services among students and families.

School Administrator's Responsibility

No statutes or rules require school administrators to provide services in this area.

ADMINISTRATIVE SUMMARY

The 1985 Legislature appropriated to the Department of Human Resources monies for the establishment of pilot school-based clinic services in middle, junior, or high schools. Comprehensive health services are to be provided. The demonstration program seeks to improve school achievement and to reduce the number of school dropouts by providing health and social services that will keep students healthy and attending in school.

Rationale

The objective of the program is to reduce the incidence and severity of common adolescent health and social problems (e.g., teen pregnancy, tobacco use, alcohol and drug use, depression, eating disorders, and sexually transmitted diseases) in targeted areas of the state. The projects enhance the access teens have to targeted health services while maintaining client confidentiality.

Program Description

- Program:

  The school-based clinics generally provide priority medical services and support them with ongoing classroom curriculum. The educational and medical services will be developed through agreement with the local advisory committee and school personnel.

- Reporting:

  Reporting forms are provided to collect the following data: Unduplicated number of clients, age, number of visits, types of services, referrals, and achievement of objectives.

Resources

- Oregon State Health Division, Office of Health Services (229-5754) provides current information on funding sources and program development.
- Supplement to Health Services for the School-Age Child
  Item 7, Resolution: School Based Clinics

SECTION III

SPECIFIC PROVISIONS OF SCHOOL HEALTH PROGRAMS

A. Health Appraisal
- Vision Screening
- Auditory Screening
- Health Examinations
- Height and Weight Screening
- Posture and Scoliosis Screening
- Dental Screening
- Blood Pressure Screening

B. Emergency Health Care Plan
- Emergency Equipment and Information
- When You Need to Call an Ambulance
- Insect Sting Emergencies

C. Immunization
- Certificate of Immunization Status

D. Communicable Disease Control
- Fever
- Common Communicable Diseases (chart)
- Tuberculosis
- Head Lice
- Hepatitis A
- Hepatitis B
- Acquired Immune Deficiency Syndrome (AIDS)
- Guidelines for Schools with Children Who Have Hepatitis B Virus or Human Immunodeficiency Virus Infections (HIV)
- Guidelines for Handling of Body Fluids in a School Setting
- Sexually Transmitted Diseases

E. Medication

F. Child Abuse

G. Children with Special Health Care Needs
- A Working Definition
- Depression
- Suicide Attempts and Suicide
- Alcohol and Substance Abuse
- Tobacco Use
- Pregnancy or Possible Pregnancy
- Eating Disorders
- Chronic Health Conditions
- Attention-Deficit Hyperactivity Disorder (ADHD)

HEALTH APPRAISAL

School Administrator's Responsibility

Health appraisal is the process of determining a student's overall health condition through such means as physical assessment, screening tests, review of student's health history, record of immunization status, and observation.

The school must assure that each student has proper immunization as required by Oregon law.
ORS 433.235-280 and OAR 333-19-021 through OAR 333-19-070

The school must have a program for vision and auditory screening. OAR 581-22-705

Rationale

The appraisal may be needed for either preventive or corrective purposes. The objectives of the health appraisal are to understand and follow up on health conditions which may be adversely affecting the student's ability to learn. While parents have the primary responsibility for the health of their children, the school is responsible for the safety and well-being of students while they are in school.

Requirements

The school district must have a program for vision and auditory screening. The school must assure that each student has proper immunizations as required by Oregon law.

Procedures

1. Screening procedures shall be established for vision and hearing.

2. Students shall be excluded who are not properly immunized.

3. Parents should be informed regarding all school health screening programs. Dental screening requires specific parental consent.

Recommended for Health Appraisals Include:

- Height/weight screening
- Posture/scoliosis screening
- Dental screening
- Blood pressure screening

Teachers' observations throughout the school year are essential in detecting poor health habits and possible health problems. The school's nurse and/or parent should be notified of any significant observations regarding conditions which appear to interfere with the student's learning, such as:

- Frequent absence because of illness
- Tired appearance; pale or not well
- Poor coordination
- Crippling conditions
- Frequent colds, sore throats and difficulty in breathing
- Skin or scalp eruptions or rashes, even though under medical care
- Poor food habits/nutrition
- Vision, hearing, or speech problems
- Heart or kidney conditions, diabetes or epilepsy
- Dental problems
- Any other seemingly abnormal condition (refer to specific appraisals outlined in the sections that follow)
- Lack of proper immunization

The nurse and/or teacher should call the matter to the attention of the parents and, with the teacher, plan a course of action which may include:

- Making adjustments in the school routine and environment.
- Providing the pupil with instruction regarding the particular health problem.
- Awaiting the results of further observation by the teacher.
- Referring the student for special testing or evaluation.

In addition, districts should:

- Note referral and action taken on the Oregon School Health Record, recording observations objectively.
- Avoid judgmental statements.
- Not attempt to give a medical diagnosis; a nurse's assessment, however is appropriate.
- Provide parents with observations made by school personnel and encourage them to seek assistance for the student.
- Leave selection of a health care practitioner to the parent.

Resources

It is recommended that school districts maintain a current list of agencies and/or services which may help families to follow up on referrals. Resources on vision, auditory, and other areas of health appraisal are included in the sections following.

VISION SCREENING

School Administrator's Responsibility

The school district shall maintain a prevention-oriented health services program for all students which provides vision screening. The school must have a program for vision screening.

OAR 581-22-705

Rationale

School vision screening consists of the administration of a test for distance visual acuity and the observation of children for symptoms of visual defects. This is generally accepted as an effective way to identify children with gross eye defects. The Snellen eye chart is a recommended screening tool. It is recommended that screening procedures be conducted by the school nurse or another person connected with the school who is properly trained. This person may be a trained volunteer or the classroom or homeroom teacher. Screening by practitioners specializing in a particular field of practice, such as optometrists and ophthalmologists, is not recommended because it tends to detract from an integrated health appraisal of the child and may give the impression of definitive diagnosis.

Use of the Snellen eye chart is a screening method, NOT a diagnostic test. Examinations beyond the scope of screening are the responsibility and prerogative of the parent. School and health authorities are obligated to inform parents of the need for care and encourage them to take appropriate action.

Recommendations

1. It is recommended that all students in grades K through 8 and 10 be screened annually.

2. Parents should be informed of the vision screening program. Parental consent is not required.

Teacher Observation

Since teachers have the opportunity to observe each child from day to day, they are in a position to notice unusual reactions, conditions, or changes in behavior which may be signs of a visual problem. Observation and inspection by the teacher, and complaints by the students, are as important as an eye test in identifying symptoms. The teacher should note the following and refer for immediate attention.

1. Symptoms based on complaints of the child:

   - Pain in the forehead or temples
   - Headache
   - Blurred vision
   - Dizziness or nausea following close eye work
   - Definite dislike of reading or other close work

2. Symptoms based on appearance of the child:

   - Watering of eyes while reading
   - Frequent styes
   - Discharge from the eyes
   - Lids often red, encrusted, or swollen
   - One eye tends to turn inward or outward when tired
   - Frowning, excessive blinking, or wrinkling of the forehead
   - Obvious deviation of eye in any direction

3. Behavior:

   - Rubs eye frequently
   - Tries to brush away a blur
   - Sees blackboard with difficulty
   - Holds book close to the eyes
   - Sits with poor posture when reading
   - Inattention and symptoms of fatigue while reading
   - Stumbles or trips over objects
   - Squints in bright light
   - Continually tries different positions and angles during close work
   - Shuts or covers one eye when reading
   - Frequently moves book closer further from eyes while reading

Recommended Preparation for Screening

1. Use of the Snellen eye chart should first be discussed with the students, and they should understand how they are expected to respond. With younger age groups, it is helpful to demonstrate and practice with the large "E" several days before screening. Thorough preparation will save time and improve accuracy in screening.

2. Plans for use of the Snellen eye chart may be incorporated into daily activity schedules. The teachers and nurse should become well acquainted with Snellen procedures before attempting to screen children. Anyone assisting the teacher or nurse also should be trained in testing procedures.

3. The following equipment should be at hand and in good condition:

   - Snellen "E" chart for children in preschool through grade 3 and students with language problems.
   - Alphabet chart, recommended for grade 4 and above, when student has the ability to read and comprehend.

- Eye cover card for EACH child to cover one eye at a time (to be destroyed after one use). A 3" x 5" card is recommended for this purpose; the card may be held obliquely across the nose covering the eye. An occluder may also be used. The occluder or its substitute allows the student to keep both eyes open, but there is no danger of peeking.

4. The Snellen chart should be placed where there is good lighting on a table or on a wall. The "30-foot" symbols should be at eye level and a distance of 20 feet (6.1 meters) from the child's eyes. There should be no glare in the child's eyes or on the chart. Amount of illumination should be 20-foot candles, or as nearly as possible, as determined by a light meter. Light should be evenly diffused on the chart.

Procedures

1. Have the student stand with heels on taped line on the floor (20 feet from chart) or sit in chair with the back legs of the chair 20 feet from the chart.

2. If student wears glasses for seeing at distances, check his/her eyes with glasses on and mark accordingly "with glasses" column on worksheet. IT IS NOT NECESSARY TO CHECK THE CHILD WITHOUT GLASSES.

3. Check vision with both eyes open and then each eye separately.

4. Demonstrate how to use the occluder. Encourage the student not to push on eyeball when covering eyes because it causes blurred vision.

5. Begin screening at the 50-foot line and proceed downward on the vision chart through the 20-foot line. IT IS NOT NECESSARY TO SCREEN BELOW THE 20-FOOT LINE.

6. If the student is unable to see the 50-foot line, then proceed upward to the 70-foot line, etc.

7. Check all symbols in the last line the student is able to read. Four out of five is "passing", unless the screening system used directs otherwise.

8. Observe for squinting, tearing, tilting of head, inconsistent responses, and write such symptoms on card or worksheet.

9. Record screening results and observations on worksheet and on the Oregon School Health Record. In recording the results, the numerator indicates the feet from the vision chart (20). The denominator indicates the lowest line read on the chart (20, 40), 50, etc.). Always indicate "with" or "without" glasses. Example:

VISION		B	R	L
Rubbing eyes	with glasses:	20/30	20/30	20/40
Squinting	without glasses:			
Headaches				

Referral

Refer to the nurse for rescreening children who:

- have a two-line difference between eyes
- screen 20/40, 20/50, or above
- show symptoms of visual disturbance

Referrals may be made on the Vision Referral Flow Sheet.

Parents of students who fail the rescreening or who continue to exhibit signs and symptoms of possible visual disturbances should be contacted with a vision referral recommending a professional eye examination. (See Report of School Vision Screening.)

Record referral on appropriate forms; i.e., Referral Flow Sheet, Oregon School Health Record.

A comprehensive eye examination can be provided by a ophthalmologist or an optometrist. In case of injury or infection, the child should be referred to a physician.

It is important to use a system of follow-up for each referral generated by the screening tests. A school's responsibility should not end when the referral has been made, but should continue through follow-up of any indicated vision problem. The school's record should also indicate the nature of the abnormality, as determined by the specialist, and a record of treatment prescribed.

Resources

- Oregon Academy of Ophthalmology, 528 Cottage NE, Salem, Oregon, 370-8416
- Oregon Optometric Association, 17898 SW McEwan Road, Tigard, Oregon 97224, 639-5036
- National Society to Prevent Blindness, 79 Madison Avenue, New York NY 10016
- National Association of School Nurses, Inc., Vision Screening Guidelines for School Nurses, PO Box 1300, Scarbourough, Maine 04074
- Supplement to Health Services for the School-Age Child
  Item 8, Health Screening Results Form
  Item 9, Vision Screening Results Form
  Item 10, Vision Referral Flow Sheet
  Item 11, Report on School Vision Screening
  Item 12, Common Causes of Eye Disorders in Children
  Item 13, The Eye and Learning Disabilities

AUDITORY SCREENING (Revised 6/89)

School Administrator's Responsibility

> The school district shall maintain a prevention oriented health services program for all students which provides...(f)...auditory screening;...

Rationale

The purpose of hearing screening is to identify, as early as possible, any children with hearing problems which may interfere with their educational development.

Preliminary auditory screening does not verify hearing loss. Hearing loss requiring further follow-up can only be identified by an audiological evaluation. This evaluation should be conducted by a licensed audiologist within 4-6 weeks after the initial screening. Following this evaluation appropriate medical referral and/or educational recommendations are made by the audiologist.

Recommendations

1. Screening should be offered for:

   - All students in kindergarten, 1, 2, 3
   - Parent, teacher, nurse referrals
   - Newly enrolled elementary students
   - At least one high school grade (due to increased incidence of sensorineural hearing loss in this age group).

Procedures

1. Auditory screening programs shall be conducted by or under the direction of a licensed audiologist (ORS 681.2053)(OAR 335-30-005 through 035).

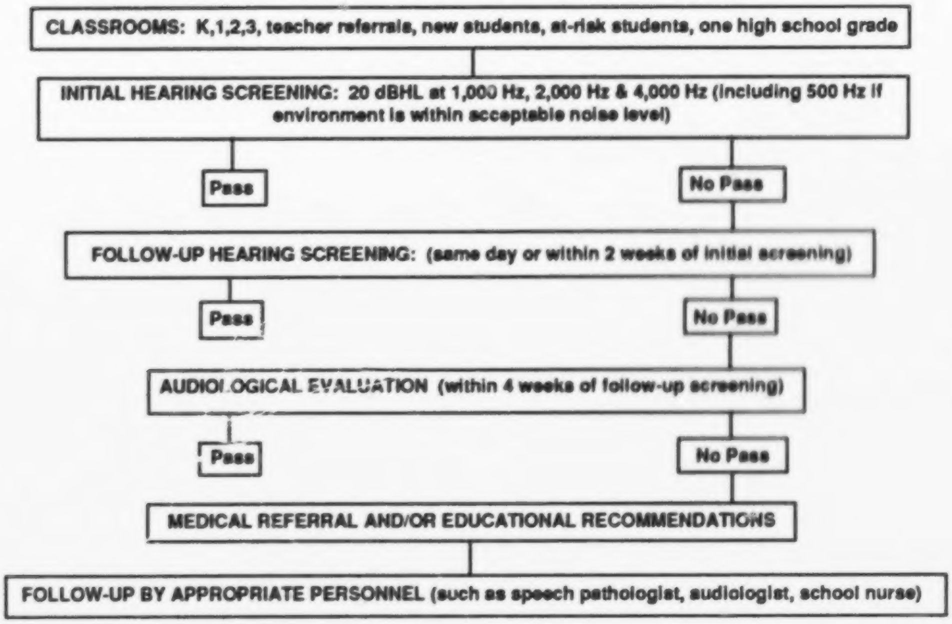
2. Recommended Procedures for Identification Audiometry Program in the Schools--see flow chart on next page.

3. Follow-Up Procedures

All children who fail the screening and follow-up audiological testing are to be referred to parents for follow-up. Medical and/or further audiological mechanisms should be in place to assure that follow-up has been obtained for each student referred. Results must be recorded on the Oregon School Health Record.

Any child failing to respond to one or more of the frequencies in either ear has failed the screening and should be rescreened on the same day. If the child still fails after reinstruction and rescreening using the same levels, frequencies and failure criteria, then he/she should be referred to an audiologist for evaluation. "A hearing impairment (loss) should not be considered identified until verified by an audiological evaluation." (Guidelines for Identification Audiometry, ASHA 27 (5) 49-52)

Flow Chart--Recommended Procedures for Identification Audiometry Program in the Schools


CLASSROOMS: K,1,2,3, teacher referrals, new students, at-risk students, one high school grade
INITIAL HEARING SCREENING: 20 dBHL at 1,000 Hz, 2,000 Hz & 4,000 Hz (including 500 Hz if environment is within acceptable noise level)
Pass
No Pass
FOLLOW-UP HEARING SCREENING: (same day or within 2 weeks of initial screening)
Pass
No Pass
AUDIOLOGICAL EVALUATION (within 4 weeks of follow-up screening)
Pass
No Pass
MEDICAL REFERRAL AND/OR EDUCATIONAL RECOMMENDATIONS
FOLLOW-UP BY APPROPRIATE PERSONNEL (such as speech pathologist, audiologist, school nurse)

Teacher Observation

Behaviors which may indicate a hearing problem:

- Frequently asks to have things repeated
- Lack of response to normal communication tones
- Turns one side of head to speaker
- Talks too loudly or too softly
- Shows strain in trying to hear
- Watches and concentrates on teacher's lips/face
- Is inattentive in oral activities
- Makes frequent or unusual mistakes in following directions
- Mispronounces words
- Is not working up to apparent capacity
- Has academic failure after severe illness

Persistent or recurring symptoms are a signal that further attention and follow-up is necessary.

Resources

- Guidelines for Identification Audiometry in Public School--the Oregon Speech & Hearing Association, PO Box 523, Salem, Oregon 97308
- Auditory Disorders in School Children
- Supplement to Health Services for the School-Age Child
  Item 14, Teacher's List of Pupils for Audiometric Tests
  Item 15, AudioGram and Parent Report
  Item 16, Parent Hearing Referral Letter

HEALTH EXAMINATIONS

School Administrator's Responsibility

No statutes or rules require school administrators to provide services in this area.

Rationale

Periodic health exams are recommended for students, but not required. Student's physical health affects their ability to learn. Exams enable early identification of health problems. Once identified, students can receive adequate care to correct the problems and minimize long-term effects.

Sports physicals are also recommended to ensure that students do not have any undiagnosed health problems that could be affected by their participation in interscholastic athletics.

Requirements

Health exams are not required although local school districts may require exams by adoption of a local school Board policy.

Recommendations

Exams are recommended for:

- Children entering school
- Children in mid-school years (grade 6 or 7)
- Children entering high school (grade 9 or 10)

The Oregon School Activities Association (OSAA) recommends exams for interscholastic athletic contests as follows:

- Students in Grade 7
- Students in Grade 10

Additional health exams may be required for handicapped children if they have special health needs.

Procedures

1. Health examinations may be conducted by a physician, physician's assistant, nurse practitioner, registered nurse, or community health nurse specially trained for this purpose.

   It is recommended that a parent be present during the examination of an elementary school-age student.

2. Processing of health examination results should include:

   - Record on the Oregon School Health Record the date of the examination, name of examiner, and any findings.
   - Establish plan for follow-up of problems.

Resource

- Supplement to Health Services for the School-Age Child
  Item 17, Physical Examination form
  Item 18, Annual Athletic Form
  Item 19, Medical Report for Students (Grades K-12) and Athletic Participation Permit

HEIGHT AND WEIGHT SCREENING

School Administrator's Responsibility

No statutes or rules require school administrators to provide services in this area.

Rationale

It is recommended that students attending Oregon schools be weighed and measured once a year, or more frequently if problems develop. Significant change in the student's pattern of growth also should be considered reason for referral to the school nurse.

Requirements

Parents should be informed of height and weight screening program. Specific parental consent is not required.

Procedures

1. Weight--see growth chart on Oregon Health Record.
    - Provide a private area to weigh students.
    - Check the scales and adjust them if they are out of balance.
    - Have pupils remove shoes and sweater, coat, or jacket and stand in the center of the scales.
    - Determine weight to the nearest one-half pound.
2. Height--see growth chart on Oregon Health Record.
    - Use a measure fixed in an upright position and a "headpiece" with two faces at right angles. The measure may be an accurate measuring tape fastened either on a special board or directly on a smooth wall.
    - Have pupils remove shoes and stand with heels, lower back, shoulders, and rear of head in contact with the wall and board, heels together but not touching one another, arms hanging at sides in a natural manner and the head facing straight forward.
    - See that the heels are kept in contact with the floor, that the student is standing up straight, and that no obstruction (e.g., comb, clasp, ribbon, or braid) prevents contact with the head.
    - Record height to the nearest one-fourth inch.

3. Data from height and weight screening should be recorded on the Oregon School Health Record and referred to the school nurse when results are above or below the graduated deviations from normal indicated for the student's age group.

Resources

- See Eating Disorders section of this manual.

POSTURE & SCOLIOSIS SCREENING

School Administrator's Responsibility

No statutes or rules require school administrators to provide services in this area.

Rationale

The purposes of conducting posture and scoliosis screening are: to note early postural changes which are deviations from the norm, to recommend that these changes be brought to the attention of the parent and family physician or orthopedist, and to emphasize normal development and growth through a well-organized and adaptive program of physical education.

Requirements

1. Parents should be informed of posture-scoliosis screening program. No specific parental consent is required.

Procedures

1. Posture and scoliosis screening is recommended for students in grades 6-9; however, some consideration should be given to younger students in grade 5, depending on growth patterns. School personnel can be trained to conduct posture and scoliosis screening.

2. See procedure outlined in Supplement to Health Services for the School-Age Child.

3. All findings and follow-up should be recorded on the Oregon School Health Record.

4. Students with deviations should be referred to their school nurse, private doctor, school physician, or nurse practitioner for confirmation and referral to a specialist.

Resources

- Resources for long-term treatment might be available through such resources as the Shriners Hospital, Crippled Children's Division, Oregon Health Sciences University and private practitioners.
- Supplement to Health Services for the School-Age Child
  Item 20, Scoliosis Information Letter (Students)
  Item 21, Scoliosis Screening (Parent Notification)
  Item 22, Scoliosis Screening Procedure
  Item 23, Scoliosis Screening Record
  Item 24, Parent Notification of Scoliosis Screening Results
  Item 25, Follow-up Report from Scoliosis Referral

DENTAL SCREENING

School Administrator's Responsibility

School districts, in cooperation with the state and local health departments, dental society, other interested agencies, and parent groups are encouraged to develop a comprehensive dental program, including prevention, education, and referral. ORS 336.375-420

A written consent by the parent or legal guardian is required for minor pupils to receive dental examination or treatment. ORS 336.390

Rationale

General health, well-being, and personal appearance may be affected adversely by the neglect of dental health. Proper diet, good oral hygiene, and fluorides are three factors that influence good oral health. Proper diet should include the nutrients and vitamins necessary for good total health and exclude frequent intake of sugars. Good oral hygiene includes daily removal of the bacterial accumulation (plaque) by flossing and brushing. Dental health education emphasizes all of the above factors and regular visits to the dentist.

Procedures

1. Observe for oral disease, refer for services as needed, and record abnormal conditions and/or referral information on the Oregon School Health Record. Some common disorders are:

    - Inflamed gums (red and swollen; may be a sign of periodontal disease)
    - Large cavities or missing portions of teeth (dental caries)
    - Toothaches and gum boils (infection)
    - Irregular teeth, particularly protruding upper teeth (malocclusion)
    - Food debris or transparent film (plaque) on the teeth; bad breath (poor oral hygiene)
    - Speech defects associated with oral conditions
    - Growths or persistent sores on the lips, mouth, tongue, or jaw (possible tumors or other pathological lesions)
    - Cleft lip and/or palate

2. Districts may wish to deal with dental screening by sending a notice to the parents to have the child checked by the dentist.

3. Recommendations for a more comprehensive dental health program include, but are not limited to:

   - Provision of dental exams and care for the indigent pupil
   - King Fluoride (fluoride mouth rinsing) program now practiced in many districts
   - Use of resources from dentists, dental hygienists, dental auxiliaries, or affiliated groups in a dental health education program

Resources

- Oregon Dental Association, 17898 SW McEwan Road, Tigard, Oregon 97224, phone 620-3230
- Oregon State Health Division, Dental Health Program (King Fluoride), 508 State Office Bldg., 1400 SW 5th, Portland, OR 97207, phone 229-5636.
- Supplement to Health Services for the School-Age Child

Item 6, Give King Floride. . ., (Fluoride Mouth Rinse Permission Form)

BLOOD PRESSURE SCREENING

School Administrator's Responsibility

No statutes or rules require school administrators to provide services in this area.

Rationale

Blood pressure screening in the schools can be an important health appraisal tool. While much information is available on hypertension (elevated blood pressure) in adults, not as much is found concerning the school-age child. The age at which essential hypertension (i.e., hypertension without an underlying cause) is first expressed is unknown. Children and adolescents with hypertension generally do not have other symptoms. Therefore, detection depends on the measurement of the blood pressure. Detection and control of elevated blood pressure and education about hypertension during the preadult years can alter the course of the disease in adult years, thereby reducing the risk of complications of stroke and heart problems.

Requirements

1. Parents should be informed of blood pressure screening program. No specific parental consent is required.

Procedures

Screening personnel may be school nurses or trained volunteers who have received orientation and clearance of technique by the school nurse. The volunteers may be registered nurses, Red Cross volunteers, Oregon Heart volunteers, parents, or students who have previously completed the Red Cross "Vital Signs Modules 1 and 2" or an equivalent training program.

1. Schools are encouraged to provide blood pressure screening at those grade levels recommended by the American Heart Association guidelines or when individual students have been identified as having a problem in this area.

2. Students who are determined to be abnormal in this area should be referred to a physician.

3. Follow-up procedure:

   Contact parents after referral if you have not heard from them or the physician. Measure that student's blood pressure yearly until graduation. It may prove useful to maintain a list of students needing follow-up.

For screening procedures, contact the American Heart Association.

Resources

- Supplement to Health Services for the School-Age Child
  Item 26, Age-Specific Percentiles of Blood Pressure.

EMERGENCY HEALTH CARE PLAN

School Administrator's Responsibility

The school administrator is responsible to provide a system of emergency health care, including space separated from other students, adequately equipped for providing first aid. OAR 581-22-705

At least one staff member for each 60 students shall hold a current, recognized first aid card. No school shall have less than one staff member who holds a current, recognized first aid card. OAR 581-22-705

School personnel should be aware of the "Good Samaritan Law". ORS 30.800

Rationale

In every school there are individuals with the potential for emergency medical problems, either known or unknown to them. In cases of illness, accident, or other emergency, efficient and effective school procedures should be available.

Requirements

1. Program of Service:

   The school needs to have a plan for emergency services that is known to all personnel, with copies posted in the school office and other appropriate locations. Trained first aid personnel are necessary for emergency health care. Each school should designate an individual to coordinate a first aid team. The number of adequately-trained individuals needed depends upon the size of the school, but must be in compliance with all local, state, and federal laws. School personnel should limit themselves to approved first aid and CPR procedures. They should be aware of the "Good Samaritan Law."

2. Reporting:

   Written policies and procedures should be developed locally, outlining a system for reporting school accidents.

Procedures

The emergency plan is the responsibility of administrators. The school nurse may be the appropriate person to begin development of a plan and implementation of care.

- Prepare a plan for emergency services and train staff on procedures.
- Identify trained individuals in the school who can assist in an emergency.
- Have a place separated from other students adequately equipped for providing first aid.
- Identify appropriate emergency services and post telephone numbers for contact.
- Have parents provide current medical information on their children and where parents can be reached in a medical emergency.

Resources

- American Red Cross - First Aid classes and publications
- "School Emergencies," MESD School Health Services Manual, 220 SE 102nd, Portland, Oregon 97216
- Teacher Standards and Practices Commission approved first aid classes list
- "Diabetes Mellitus, A Guide for Teachers," American Diabetes Association, Oregon Affiliate, 3607 SW Corbett, Portland, Oregon 97201, 228-0849
- Supplement to Health Services for the School-Age Child
  Item 27, Accident/Emergency Report (for Emergency Response Team)
  Item 28, Parent notification of minor accident/injury
  Item 29, Parent contact letter regarding students with allergies
  Item 30, Parent contact letter regarding students with asthma
  Item 31, Teacher information regarding students with asthma
  Item 32, Teacher information regarding students with diabetes
  Item 33, Notification regarding head injury
  Item 34, Parent contact letter regarding students with seizure disorder
  Item 35, Teacher information regarding students with seizure disorders
  Item 36, Emergency plan for medically at-risk students

EMERGENCY EQUIPMENT AND INFORMATION

Each building should have first-aid supplies and equipment in accordance with accepted first-aid guidelines. Local district policies, as well as state and federal occupational health regulations, should be followed. A health room or area should be provided to carry on essential school health services and emergency first-aid care. However, on-the-spot first-aid care may be necessary in certain instances. It is recommended that a first-aid kit, manual, blanket, and splints be packaged and centrally located to assure easy availability.

All personnel in each school should know where school supplies and equipment are stored. They should know what emergency services are available in the community which may be utilized by school personnel.

The following is a sample equipment and supplies list:

First-aid and Emergency Care

First-aid Equipment and Supplies:

1. Each building shall have first-aid supplies in accordance to the Oregon Health Division, Occupational Health Regulations. Subject to said regulations, no other items shall be stored in the first-aid container without physician's approval.

State Required Items	May Be Included in Kit
10 Gauze Pads (at least 3 x 3 in.)	Splints
2 Gauze Pads (approx. 8 x 10 in.)	Adhesive Tape
1 Adhesive Bandage (1 inch)	Gauze Pads (miscellaneous sizes)
2 Gauze Bandages (1 inch)	Tweezers
2 Gauze Bandages (2 inches	Ice Bags
2 Triangular Bandages	Poison Control Number
1 Package Wound Cleansing Agent	Emergency Numbers
1 Pair Scissors	First-aid Book
1 Blanket (50 x 80 inches minimum)	Disposable Gloves

2. Supplies shall be kept in a moisture/dust proof container clearly marked and readily accessible, and not locked. Supplies shall be kept in a central area as well as in potentially hazardous areas around the building, such as gymnasium, workshops, science labs, home economics classrooms, art classrooms, and cafeterias.

3. The location of first-aid supplies shall be made known to building personnel, and the supplies shall be readily accessible to all.

Emergency Telephone Numbers

In areas where the 911 system is not available, it is recommended that the following names and telephone numbers shall be conspicuously posted near every telephone:

- Fire and police
- Ambulance companies
- Hospitals
- Poison control
- School employees who hold current first-aid cards

WHEN YOU NEED TO CALL AN AMBULANCE

1. Do not leave the ill or injured person.

2. Send for the school nurse immediately. In absence of a nurse, contact first-aid trained personnel within the building.

3. Nurse to assess, prioritize situation, and implement further action. first-aider to render authorized first-aid.

4. Nurse or first-aider to delegate the call to 911--"Medical Assistance." Briefly explain the situation, giving location of injured person.

5. Send a runner to meet rescue team (paramedics).

6. School personnel are to notify parent with information provided by nurse or first-aider.

7. Relinquish care to rescue personnel.

8. Give rescue personnel all pertinent data about injured person; e.g., name, age, address, next of kin, any health problems, allergy or medication of which you are aware.

9. Record on school accident/incident form.

CONSIDERATIONS FOR AMBULANCE TRANSPORTATION

1. Respiratory distress (difficulty or lack of breathing)
2. Bleeding--severe
3. Shock (including anaphylactic reaction to insect sting/food)
4. Burns, serious or covering large area
5. Head, neck, back injury
6. Heart concerns
7. Poisonings
8. Unconsciousness
9. Seizures lasting more than 10 minutes or complicated by lack of breathing
10. Limb injury involving large bones
11. Attempted suicide, drug/alcohol involved, or psychiatric emergency
12. Other unlisted life threatening situations

School Administrator's Responsibility

A person who meets the prescribed qualifications may obtain a prescription for premeasured doses of epinephrine (adrenaline) and the necessary paraphernalia for administration, such administration being "limited to an emergency situation when a physician is not immediately available." The person to be treated is defined as a "person suffering a severe adverse reaction to an insect sting." ORS 433.805-830 and OAR 333-55-00 to 030

Schools may administer epinephrine as prescribed for specific students under the medication policy. This law is not mandatory but permits a school district to be prepared for insect sting emergencies in the general school population. ORS 336.650

Rationale

The 1981 Oregon State Legislature created a new statute, the purpose of which was to provide a means of authorizing certain individuals to administer life-saving treatment to victims of severe insect sting reactions, when a physician is not immediately available. While it is estimated that eight in every 1,000 people are allergic to insect stings, it is extremely difficult to predict the potential sensitivity of any particular person.

Requirements

The Protocol for Training is intended as an administrative document outlining the specific applications of the law, describing the scope of the statute, the persons to be trained, and proposing the actual content of that training. This protocol can be obtained from the Oregon Medical Association (OMA) by calling 226-1555.

The training program must be conducted by a physician licensed to practice medicine in Oregon, or may be conducted by another health professional, such as a registered nurse, as delegated by a physician, and must include the following subjects: (1) Recognition of the symptoms of systemic reactions to insect stings; and (2) proper administration of a subcutaneous injection of epinephrine. The Health Division is responsible for approving this training program as well as adopting the rules necessary for administering the law.

Procedures

1. Obtain the protocol and certification cards from the OMA.

2. Contract with a local physician to provide or supervise the training.

3. Additional teaching tools may need to be developed. Practice syringes may be obtained from Hollister-Stier, the makers of the Ana-Kit which contains the premeasured epinephrine.

4. Although the certificate is good for three years, an annual review is recommended.

5. Develop a recertification and review plan including examination of syringes for expiration dates. Replacement syringes may be ordered.

Recommendations for Health Education

Incorporate first-aid for insect stings and sting prevention in safety units.

Resources

- Oregon Medical Association, 5210 SW Corbett, Portland, OR 97201
- Hollister-Stier (makers of Ana-Kit) Spokane, Washington, phone 1-800-241-0259
- MID for Center Laboratories (Maker of EPI-PEN), Division of E/M Industries, Port Washington, New York
- Supplement to Health Services for the School-Age Child
  Item 29, Parent contact letter regarding students with allergies
  Item 37, Teacher information regarding students with insect sting reactions/allergies
  Item 37, Insect sting protocol

IMMUNIZATION

The School Administrator's Responsibility

Require immunization records documenting protection from specified communicable diseases or an appropriate exemption, as a condition of school attendance for every child through Grade 12.

Conduct an annual Primary Review of records and submit records of children not in compliance with immunization law.

Exclude children as directed by the health department and maintain up-to-date immunization records on all children.

Maintain a tracking system for susceptibles.

OAR 333-19-021-333-19-070 and ORS 433.2267-433.280

Rationale

The intent and spirit of the school immunization law and rules is to protect Oregon children from the dangers of diseases that are preventable by immunization.

Required Procedures

The following information only includes highlights of the school/facility immunization law and rules. For specifics, refer to the School and Day Care Facility Immunization Handbook, current edition. To obtain copies or to request technical assistance, contact your local health department or the Oregon State Health Division, Immunization Section, at 229-5534.

1. All students entering Oregon schools for the first time, including:

   (a) Students transferring from a school outside the U.S.;
   (b) All students initially enrolling in prekindergarten, kindergarten, or the first grade; and
   (c) All students age 5-18 enrolling from a home-study setting,

   must provide a signed Certificate of Immunization Status for documenting either evidence of immunization or a religious and/or medical exemption prior to enrollment. If age appropriate and the child has not claimed an exemption, a minimum of one dose of each of the following vaccines must be received prior to enrollment: polio, measles, mumps, rubella, and diphtheria/tetanus containing vaccine.

2. A transferring child must provide evidence of immunization or inside the U.S. must provide evidence of immunization or an exemption(s) within 30 days of initial enrollment.

3. The administrator (or designee) will conduct a Primary Review of each child's records to determine the immunization status. This review shall be completed no later than the second Wednesday in January. The Primary Review consists of:

   - Completing Section A of Primary Review Summary form and checking for mathematical accuracy.

   - By category, alphabetically listing children who have incomplete immunizations, insufficient information, no record, temporary medical exemptions currently needing follow-up, and all other medical exemptions not previously reviewed by the health department in Section D of the Primary Review Summary form.

   - Sending copies of records (or computer printout) of children listed on Primary Review Summary form and a copy of the form to the local county health department by the second Wednesday of January.

4. The local county health department reviews information provided by the school and issues exclusion orders on those children not in compliance with the law.

5. The school administration will receive a copy of all exclusions orders and will exclude from school those students not in compliance with immunization law by the specified date for exclusion.

6. If the excluded children do not meet the requirements specified by the health department and do not return to school within four school days, it is the responsibility of the public school administrator to notify the attendance supervisor of the unexcused absence. The attendance supervisor must proceed as required in ORS 339.080 and 339.090.

7. The administrator assures that children who have been issued an exclusion order are not allowed to enroll or continue attending any school or facility in Oregon while the exclusion order is still in effect.

8. Complete Sections B and/or C and F of Primary Review Summary form by 12 days after the exclusion date.

9. Submit copy of Primary Summary form to Health Department 12 days after the exclusion date.

10. Ensure that records are updated each time parents provide additional information.

11. Maintain tracking system for susceptibles (students who have not been immunized).

Recommendations for Health Education

Incorporate information regarding vaccine-preventable diseases in health curriculum.

Resources

- School and Day Care Facility Immunization Handbook, Oregon Health Division, October 1987 (or more current edition)
- Immunization Section, Oregon Health Division, 229-5534
- Local County Health Department

CERTIFICATE OF IMMUNIZATION STATUS

Oregon
DEPARTMENT OF HUMAN RESOURCES
Health Division

SCHOOL / FACILITY USE ONLY

School/Facility Name

School District | County

Schedule 1 ☐ 2 ☐ (grandfathered)

Medical Exempt:
Permanent ☐ Date ______
Temporary ☐ Review Date ______

INCOMPLETE BUT UP TO DATE			
Initial	Date	Initial	Date
		COMPLETE	

Student's Last Name	First Name	Middle Name	Sex	Last School/Certified Day Care Attended	Birthdate (month, day & year)

Street Address	City	County	Zip Code
Name of Parent or Guardian	Home Phone	Business Phone	Student ID

INSTRUCTIONS: PARENT OR GUARDIAN MUST PROVIDE ALL INFORMATION REQUESTED IN APPROPRIATE SECTION(S) BELOW: SECTIONS A, B, & C.

SECTION A (PROVIDE MONTH, DAY & YEAR FOR EACH DOSE OF EACH VACCINE RECEIVED)

VACCINE HISTORY OF CHILD				
VACCINE	GIVEN	MO.	DAY	YR.
DIPHTHERIA/TETANUS CONTAINING VACCINES	FIRST DOSE			
	SECOND DOSE			
CHECK HERE	THIRD DOSE			
☐ DPT				
☐ DT	FOURTH DOSE			
☐ TD	FIFTH DOSE			
☐ COMBINATION OF ABOVE	SIXTH DOSE			
POLIO	FIRST DOSE			
CHECK HERE	SECOND DOSE			
☐ ORAL (TOPV)	THIRD DOSE			
☐ INJECTABLE (IPV)	FOURTH DOSE			
	FIFTH DOSE			
MEASLES (RUBEOLA/HARD MEASLES)	SINGLE DOSE			
RUBELLA (GERMAN 3-DAY MEASLES)	SINGLE DOSE			
MUMPS	SINGLE DOSE			
HAEMOPHILUS INFLUENZAE TYPE b	FIRST DOSE			
	SECOND DOSE			

Note: Disease must be verified by a physician in Section B.
I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.

Signature of Health Care Practitioner or Parent/Guardian ______________ Date ______

THIS FORM BECOMES PART OF YOUR CHILD'S SCHOOL PROGRESS RECORD.

SECTION B

MEDICAL EXEMPTION

I CERTIFY THAT THE ABOVE-NAMED STUDENT SHOULD BE EXEMPTED FROM THE REQUIREMENTS FOR THE FOLLOWING VACCINE(S)

Diphtheria ☐ Measles ☐ Polio ☐
Tetanus ☐ Rubella ☐ Mumps ☐

Based on:
☐ A. History of disease (month/year) ______________
☐ B. The following medical reason: ______________ which constitutes a medical contraindication in accordance with the Advisory Committee on Immunization Practices of the U.S. Public Health Service for the vaccine(s) indicated.

Physician's or Co. Health Dept. Name (Please print)	Phone
	Date

Physician or County Health Dept. Signature (Specify M.D., N.D., D.O., R.N.)

SECTION C

RELIGIOUS EXEMPTION

I HAVE READ AND UNDERSTAND THE INFORMATION ON THE REVERSE SIDE OF THIS FORM, MY CHILD

______________ IS BEING RAISED AS AN ADHERENT TO A RELIGION THE TEACHINGS OF WHICH ARE OPPOSED TO IMMUNIZATION AND I REQUEST THAT MY CHILD THEREFORE BE EXEMPTED FROM THE IMMUNIZATION REQUIREMENTS.

Signature of Parent or Guardian ______________ Date ______

PLEASE FORWARD THIS RECORD WHEN CHILD TRANSFERS.

PRESS HARD TO MAKE CLEAR COPY

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RISKS OF NON-IMMUNIZATION

Immunization is a safe and effective way to protect your child against vaccine preventable diseases that can hurt, cripple and even kill. The following six contagious childhood diseases can spread rapidly among non-immunized children in a group situation such as school or day care center.

1. Diphtheria is an acute infectious disease of the tonsils, pharynx, larynx or nose that most often affects children under 15 years of age. Ten percent of the victims die.

2. Pertussis or whooping cough is an acute bacterial disease which infects the breathing tubes of the lungs and is especially dangerous to infants and very young children. The most common complications include ear infections, pneumonia and inflammation of the brain. The overall death rate is one per hundred cases.

3. Poliomyelitis is an acute viral illness spread via human contact. Permanent paralysis and even death can result. Oral polio vaccines normally grant lifetime immunity.

4. Measles is a serious disease characterized by rash and moderate to high fever. It can lead to pneumonia, serious ear infections, deafness, convulsions, inflammation of the brain and even death. Severe complications develop in one out of each thousand cases, one in ten of such complicated cases will result in death.

5. Rubella or German Measles is an infectious viral disease characterized by mild fever and rash. The main risk is to non-immune women who catch the disease early in pregnancy. Such women are likely to have a baby with serious birth defects.

6. Mumps is an acute viral disease characterized by fever and by swelling and tenderness of one or more salivary glands. The most common complications are acute inflammation of the testicles (15% to 20%), ovaries (10% to 15%) and pancreas. Other severe complications of the disease include deafness from secondary ear infection (1 per 15,000 cases), meningoencephalitis (3.5 per 1,000 cases) and death (1 to 3.5 per 10,000 cases.)

Another serious vaccine preventable disease that your child should be immunized against is tetanus. This disease is not passed from person to person. Rather, the tetanus organism (often found in horse droppings or soil) contaminates a wound (usually a puncture wound) and causes an infection which produces a poison. This poison in turn causes tetanus disease, which is often called lockjaw.

Tetanus is an acute disease which causes severe spasms in large muscle groups, especially those of the jaw, neck and chest area that control breathing. The death rate for tetanus is 50%.

Children with a religious or medical exemption(s) (except a verified history of disease) are not protected against the disease(s), which means that they are at risk of getting the disease(s). IN THE EVENT OF AN OUTBREAK, CHILDREN WITH A RELIGIOUS OR MEDICAL EXEMPTION FOR THE PARTICULAR DISEASE MAY BE EXCLUDED FROM THE SCHOOL/FACILITY UNDER THE JURISDICTION OF THE LOCAL HEALTH OFFICER.

IMMUNIZATIONS ARE VITAL TO YOUR CHILD'S GOOD HEALTH. WHEN IMMUNIZATION LEVELS GO DOWN, DISEASE LEVELS GO UP.

School Administrator's Responsibility

The school administrator or designated staff person shall exclude from school any student, teacher, or school employee suspected of being inflicted with or exposed to a school restrictable disease.
ORS 433.260 and OAR 333-19-015

Nothing in these rules prohibits individual school districts and local health departments from adopting additional or more stringent rules for exclusion from school. Such school district policies must be adopted by formal action of the local school Board. OAR 333-19-015

Any individual having knowledge of a person who is suspected to be suffering from one of the reportable diseases or conditions shall notify the local health department. OAR 333-18-000

Rationale

In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control includes prevention, early recognition of illness, prompt diagnosis, and adequate isolation/treatment. Control measures may include, but are not limited to, education, health appraisal, environment control, sanitation, and immunization. The communicable disease chart in this document lists information regarding specific communicable diseases. If questions arise, the school administrator should contact the county health department for interpretation.

Requirements

- Program of Service:

1. An administrator/designated school staff person will screen and exclude for assessment by a health care provider any students suspected of having a school restrictable disease.

2. A student excluded with a school restrictable disease will be readmitted with a written statement from a physician (as defined in OAR 333-19-021), local health department nurse, school nurse, or when the disease is no longer communicable.

- Reporting:

1. Notify parent/guardian of student's need for assessment.
2. Report to local health department those suspected conditions/diseases which are required by OAR 333-18-005 to be reported. See the communicable disease chart in this document for a partial listing of those diseases/conditions.

Procedures

1. Observe/screen students/staff for any signs and symptoms noted in communicable disease chart provided in this document.
2. Refer to school nurse or other designated trained staff.
3. Parent/guardian notification by designated staff.
4. Exclude as required.
5. Report to local health department as required by law.

Recommendations for Health Education

1. Teach student, staff, and parent/guardian how diseases are spread and prevention activity.
2. Refer identified students for one-to-one counseling by school nurse or health care practitioner.

Resources

- Reporting:
  - -School nurse
  - -Local health department
  - -Oregon Health Division
  - -Private health care provider

- Education:
  - -Communicable Diseases in Man, Abram S. Benenson- American Public Health Association, 1015 15th Street NW, Washington, DC 20005
  - -Report of the Committee on Infectious Diseases, American Academy of Pediatrics, PO Box 1034, Evanston, IL 60204
  - -Practical Guidelines for Reducing Risk of Communicable Disease in a School Setting, Multnomah Education Service District, School Health Services.

- Supplement to Health Services for the School-Age Child
  Item 38, Notice of Exclusion

FEVER

School Administrator's Responsibility

Oregon Revised Statutes/Oregon Administrative Rules do not specifically address fever. However, recommended procedures are provided below.

Rationale

Fever is the body's natural way of responding to a variety of conditions. The height of the body temperature alone is not a reliable indicator of the seriousness of the infection. Normal body temperature varies greatly during the day as a result of exercise, clothing, food, fluids, hormones, excitement and anxiety. Children with fever must be evaluated for other symptoms which could indicate a communicable condition, or could indicate the need for medical evaluation. The most common causes for persistent fever in children are bacterial and viral infections such as flu, cold, sore throat, earaches, diarrhea, urinary tract infections, roseola, chicken pox, mumps, measles, and occasionally appendicitis, pneumonia, and meningitis.

Procedures

1. Develop procedures for taking temperature and appropriate disinfecting of equipment.
2. Seek immediate medical care for a child with a fever greater than 105° F.
3. Seek immediate medical care for a child with stiff neck, headache, and fever (suspect meningitis).
4. Exclude for diagnosis a child with a fever accompanied with a rash.
5. Exclude for evaluation a child with a fever over 100.5° F.

Recommendations for Health Education

1. Teach student, staff, and parents disease prevention.
2. Include temperature taking in health education classes.
3. Refer identified students for one-on-one counseling by school nurse or health care provider.

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Resources

- Reporting:
  - -School nurse
  - -County health department
  - -Oregon Health Division
  - -Private health care provider

- Education:
  - -Communicable Diseases in Man, Abram S. Remenson
  - -Report of the Committee on Infectious Diseases, American Academy of Pediatrics, PO Box 1034, Evanston, IL 60204
  - -Oregon Health Division School Exclusion Tool

COMMON COMMUNICABLE DISEASES

This table outlines many common communicable diseases and suggests appropriate minimum actions to be taken by school personnel when a student has been diagnosed to have one of them. For additional information about these and other communicable diseases, contact your local county health department. **Frequently, a student will present with sign or symptoms of illness and need to be excluded from school until diagnosed and treated by a licensed health care provider or until recovered.**

Conditions, other than emergencies, that may require exclusion until either diagnosed or recovered include:

- Fever greater than 100.5°F
- Vomiting
- Stiff neck or headache with fever
- New onset of rash
- Jaundice (yellow color to skin or eyes)
- Skin lesions that are weeping or pus filled
- Diarrhea -- 3 watery (loose) stools/day with fever or condition persists longer than 3 days

DISEASE SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	MINIMUM EXCLUSION**	PREVENTIVE MEASURES
ABSCESSES--See BOILS					
ATHLETE'S FOOT Dry scaling and/or cracking blisters and itching, especially between toes and bottoms of feet.	Unknown	Direct or indirect contact with skin lesions of infected persons, or, contaminated floors, shower stalls and other articles used by infected persons.	As long as symptoms are present.	Exclusion not required. Prohibit barefoot walking.	Clean dry feet and socks, use own towel/socks. Routine disinfection of school showers. Recommend use of thongs in showers.
AIDS* (Acquired Immune Deficiency Syndrome)		For additional information, see "AIDS" Section of this document or contact your county health department.			
BOILS A large pimple-like sore, swollen, red, tender, may be crusted or draining.	Variable, common 4-10 days.	Mainly direct contact.	While draining.	Exclude, return with physicians permit or 24 hours after antibiotic treatment has begun.	Good hygiene, must not handle food while lesions present.
CHICKENPOX (Herpes Zoster, Varicella) Rash is thin-walled easily ruptured blisters, heaviest on trunk.	14-21 days, usually 13-17.	Person to person by direct contact, droplets or air-borne spread of secretions; indirectly through articles contaminated by secretions.	From 5 days before to 6 days after rash appears.	Exclude, return with physician's, health nurse or school nurse permit or 6 days after onset of initial rash.	Cover mouth when coughing. Good hand washing.

*Law requires that these diseases be reported immediately to your county health department.

**Minimum exclusion when condition has been diagnosed by a licensed health care provider. School districts and/or health departments may adopt more stringent rules for exclusion.

DISEASE SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	MINIMUM EXCLUSION**	PREVENTIVE MEASURES
COMMON COLD (Upper Respiratory Infection) Runny nose and eyes, cough, sneezing, possible sore throat, fever uncommon.	12-72 hours.	Direct oral contact, droplet spread. Indirectly by hands and articles contaminated by secretions.	24 hours before onset until 5 days after onset.	Exclude only if illness interferes with child's school activities. Readmit when acute symptoms are gone.	Thorough handwashing. Cover mouth when coughing. Good nutrition and rest.
DIARRHEAL DISEASES Loose, frequent stools; may contain blood or mucus; may be accompanied by vomiting, headache, abdominal cramping or fever.	Varies from hours to days depending on causative agent.	Person to person contact, presumably by fecal contamination. May be spread by ingestion of fecally contaminated water or food.	Varies, depending on causative agent, from hours to days.	Exclusion not required unless 3 watery (loose) stools/day accompanied by fever or persisting for more than 3 days. Diagnosis and treatment encouraged.	Thorough handwashing (especially after using bathroom facilities). No food handing. No food sharing.
FIFTH DISEASE (Erythema Infectiosum) Bright red checks, blotchy-like rash on extremities which fades and recurs, runny nose, loss of appetite, sore throat, gastrointestinal complaints, low grade temperature, headache.	4-14 days.	Presumed airborne droplet.	Unknown.	Exclusion not required. Encourage diagnosis.	Thorough handwashing. Cover mouth when coughing. Contact local health department for latest recommendations for pregnant females exposed in school outbreak situations.
HEAD LICE (Pediculosis) Itching of scalp. Lice and/or nits (small white eggs) in the hair.	7 days for eggs hatch.	Direct contact with to infested person or indirectly by contact with contaminated personal articles.	As long as lice and nits are alive (until treated).	Exclude, readmit with statement from parent/guardian that recognized initial treatment has been completed.	Family members/friends should be checked and considered for treatment. Avoid sharing hats/combs. household cleaning.
HEPATITIS A* (Infectious) Usually abrupt onset with loss of appetite, fever, nausea, fatigue, right, upper abdominal discomfort, Jaundice (yellow color to skin and eyes), dark urine, or clay colored stools. May have mild or no symptoms.	15-50 days, average 28-30.	Person-to-person by fecaloral route; contaminated water or food.	Approximately 2 weeks before and 1 week after onset of symptoms.	Follow county health department recommendations for exclusion on a case by case basis when diagnosis is made.	Household contacts receive Immune Globulin (IG) within 14 days of exposure. No food handling or sharing. Hand washing after using bathroom.

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*Law requires that these diseases be reported immediately to your county health department.

**Minimum exclusion when condition has been diagnosed by a licensed health care provider. School districts and/or health departments may adopt more stringent rules for exclusion.

DISEASE SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	MINIMUM EXCLUSION**	PREVENTIVE MEASURES
HEPATITIS B* (Serum) Onset usually not apparent. Loss of appetite. Vague abdominal discomfort, nausea, vomiting. Often progresses to jaundice. May or may not have fever. Illness varies from mild to severe.	45-180 days, average 60-90 days.	Direct contact with blood, saliva, vaginal secretions and semen from an infected person.	Variable, as long as infectious agent is present in blood.	Exclusion not required. Encourage diagnosis and follow county health department recommendations on a case by basis.	Do not share personal items (toothbrush, razors) or needles. Wear gloves and use caution if blood contact is necessary. Use of condoms.
HERPES I (Fever blisters, cold sores) Sores (blister-like) erupting around mouth. Usually recurrent in the same location.	2-12 days.	Usually direct contact with the saliva of infected persons (as in kissing) or to abraded skin (contact sports, notably wrestling).	Variable, most infectious 1 to 5 days after vesicle appears. Virus can be shed for weeks/months.	Exclusion not required. Avoid direct PE contact while blisters present. If sores appear infected, see "Impetigo."	Thorough handwashing.
IMPETIGO Blistery-like sores (often around the mouth and nose), crusted, draining, irregular in outline and itching.	Varies with causative organism. 1-3 days (strep), 4-10 days (staph).	Direct contact with a person who has a draining purulent lesion.	Usually until all lesions have healed or person has been treated with antibiotics for 24 hours.	Exclude, return with physician's, health nurse or school nurse permit or after treatment or clearing of lesion.	No food handling. Clean, short fingernails. Good hygiene, Avoid scratching. No sharing towels.
INFLUENZA ("Flu") Abrupt onset, fever, chills, headache, muscle aches, upper respiratory symptoms.	1-3 days.	Direct contact through droplet spread, probably airborne.	For 3 days after symptoms began.	Exclude only if illness interferes with child's school activities. Readmit when acute illness is over.	Cover mouth when coughing. Thorough handwashing. Avoid crowds. Immunization for high-risk persons.
MEASLES* (Rubeola, "10 day measles") Fever, conjunctivitis, runny nose, a very harsh cough; 3-7 days later dusky red rash (starts at hairline and spreads down); white spots in mouth.	8-13 days (14 day to rash)	Droplet spread or direct contact with nasal or throat secretions of infected persons.	Very contagious, 4-5 days before to 5 days after onset of rash.	Exclude, return with physician's health nurse or school nurse permit.	IMMUNIZATION (Vaccinate susceptible within 48 hours of exposure or IG within 6 days). In outbreak, non-immunized children may be excluded. Cover mouth when coughing.
MENINGITIS, ASEPTIC* (Including Viral) Usually abrupt onset, fever, chills, muscle aches, prostration and a rash. Varies with causative agent.	2-21 days, depends on causative agent.	Person to person through infected droplets of respiratory secretions.	Greatest for 7-10 days before and after onset of symptoms. Virus may persist in stools for 1-2 months.	Exclude, return with a physician's, health nurse or school nurse permit.	Isolate during febrile period. Careful personal hygiene with emphasis on handwashing is essential.

DISEASE SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	MINIMUM EXCLUSION**	PREVENTIVE MEASURES
MENINGITIS, MENINGOCOCCAL* Abrupt onset, fever, intense headache, nausea and often vomiting, stiff neck and usually a rash.	2-10 days, usually 3-4.	Direct contact with droplets and discharge from nose and throat of infected persons.	Variable; until meningococci are no longer present in nose and throat.	Exclude, return with a physician's, health nurse or school nurse permit.	Cover mouth when coughing. Thorough handwashing. Antibiotic prophylaxis for close contacts. HIB vaccine, through age 5.
MONONUCLEOSIS Fever, sore throat, swollen lymph nodes, fatigue, abdominal pain, headache, personality changes.	4-6 weeks.	Direct contact with saliva of infected person.	Prolonged. 15-20% of healthy adults are carriers. Not highly contagious.	Exclusion not required.	Avoid kissing. Avoid shared eating utensils and food. Careful dishwashing.
MUMPS Painful swelling of neck and facial glands, fever, possible abdominal pain.	2-3 weeks, usually 18 day.	Droplet spread and by direct contact with saliva of an infected person.	From 6 days before to 9 days after symptoms or swelling appear.	Exclude, return with a physician's, health nurse or school nurse permit.	IMMUNIZATION. Cover mouth when coughing. Avoid sharing eating utensils.
PINK EYE (conjunctivitis) Eyes tearing, irritated and red, eye lids puffy. may have purulent discharge and be sensitive to light.	1-3 days.	Direct contact with the discharge of infected persons through contaminated fingers, clothing, shared makeup applicators.	As long as symptoms are present.	Exclude, return with a physician's, health nurse or school nurse permit or with clearing of discharge from the eye.	Avoid sharing personal articles. Thorough handwashing. Avoid serving food. Good hygiene. Avoid rubbing eyes.
PINWORMS (Enterobiasis) Nervousness, hyperactive behavior, itching of anus (especially at night), worms in stool, abdominal pain.	4-6 weeks, may be longer before symptoms occur.	Direct through transfer of eggs by hand from anus to mouth or indirect through clothing, bedding, food, or other articles contaminated with eggs.	Until medically treated.	Exclusion not required.	Daily bathing (shower best). Clean underclothing and bed linens. Wash hands and under fingernails. Clean short nails.
RINGWORM - SCALP Gray, scaly patch of temporary baldness.	10-14 days.	Direct skin to skin or indirect from infected articles, clothing, furniture.	As long as sores are present.	Exclusion not required. Diagnosis and treatment are encouraged.	Avoid sharing combs, towels, hats. Check pets for loss of hair. Good hygiene.
RINGWORM - SKIN Spreading, ring shaped, flat, red sores that inch/ burn.	4-10 days.	Direct contact with sores (on people or pets), indirect with contaminated surfaces.	As long as sores are present.	Exclusion not required. Diagnosis and treatment are encouraged.	Do not share clothing. General cleaning of showers, changing areas.

DISEASE SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	MINIMUM EXCLUSION**	PREVENTIVE MEASURES
RUBELLA* (German Measles) Mild fever, swollen glands at back of head, along neck, behind ears, may have mild upper respiratory infection, conjunctivitis, headache malaise and a pinkish rash that starts at face and spreads rapidly to trunk and limbs and fades in 3 days.	14-23 days, usually 16-18.	Droplet spread of nasopharyngeal or direct contact with cases.	Highly communicable for 1 week before and at least 4 days after onset of rash.	Exclude, return with a physician's health nurse or school nurse permit.	IMMUNIZATION. Cover mouth when coughing.
SCABIES Caused by small mite that burrows under the skin, leaving small dark or red lines/lesions. Common between fingers, behind knees, around waist, inside of wrists, on arms; itching severe.	2-6 weeks for first exposure. 1-4 days after re-exposure.	Direct contact with an infested person; indirectly by contact with contaminated personal articles.	Until mites and eggs have been destroyed (until treated).	Exclude, return with physician's, health nurse or school nurse permit.	Avoid sharing clothes and personal effects. Observe close contacts for scratching.
SEXUALLY TRANSMITTED DISEASES (STDs, Venereal Disease or VD)					
A. CHLAMYDIA* Frequently without symptoms. With symptoms, men may have urethral itching, discharge with pus in it, and burning with urination. Women may have vaginal discharge, burning with urination, chronic abdominal pain, low grade fever, irregular periods.	Usually 5-10 days, can be longer.	Sexual contact.	Unknown, relapses probably occur.	Exclusion not required. Encourage diagnosis/treatment.	Refrain from sexual intercourse. Use condoms. Avoid multiple partners. Encourage examination of sexual contacts.
B. GONORRHEA* Can be without symptoms. With symptoms, men usually have painful, frequent urination, and a discharge with pus (yellowish green) in it. Women may have abnormal periods and/or pain with urination.	2-7 days.	Direct contact with discharges of infected person, usually as a result of sexual activity.	Prolonged if untreated, hours if adequately treated.	Exclusion not required. Encourage diagnosis/treatment.	Refrain from sexual intercourse. Use condoms. Encourage examination of sexual contacts.

DISEASE SYMPTOMS	INCUBATION PERIOD	MODE OF TRANSMISSION	PERIOD OF COMMUNICABILITY	MINIMUM EXCLUSION**	PREVENTIVE MEASURES
C. HERPES II - GENITALIS Very painful sores or blisters on or around the sex organs.	2-12 days.	Direct contact with the active herpes virus.	Varies (4-12 days). Reactivation is common.	Exclusion not required. Encourage diagnosis.	Refrain from sexual intercourse. Use condoms.
D. SYPHILIS* May include a sore which develops at the site the organism enters the body, a rash, unexplained and prolonged sore threat, fever and headache.	10 days to 10 weeks, usually 3 weeks.	Direct contact with infectious lesions, and body fluids of infected persons usually during sexual contact.	Variable and indefinite, may be intermittently communicable for 2-4 years.	Exclusion not required. Encourage diagnosis.	Refrain from sexual intercourse. Use condoms. Encourage examination of sexual contacts.
STREP THROAT - SCARLET FEVER (Streptococcal infections) Strep throat: Sore throat, fever, exudative tonsillitis, tender throat glands. Scarlet Fever: Same as with strep throat and a red blotchy, sandpapery rash (not on face) and a "strawberry" tongue.	1-3 days.	Direct or intimate contact with patient or carrier, rarely by indirect contact through objects or hands.	24-48 hours if treated, variable if untreated.	Exclude, return with physician's permit or 48 hours after initiation of antibiotic therapy.	Cover mouth when coughing.
TUBERCULOSIS* Fatigue, weight loss, fever, cough.	4-12 weeks.	Airborne spread through exposure of droplets from sputum of infected persons.	Variable.	Exclude, return with Health Department permit.	Cover mouth when coughing.
WHOOPING COUGH* (Pertussis) Irritating cough which progresses to violent, prolonged coughing spells that end in a whooping sound.	5-21 days, usually 7 days.	Direct contact with discharges from respiratory mucous membranes of infected persons by the airborne route, probably by droplets.	From onset of catarrhal stage to 3 weeks after typical paroxysmal cough begins. tAntibiotics may shorten tinfectious period.	Exclude, return with physician's health nurse or school nurse permit.	IMMUNIZATION. Cover mouth when coughing.

*Law requires that these diseases be reported immediately to your county health department.

**Minimum exclusion when condition has been diagnosed by a licensed health care provider. School districts and/or health departments may adopt more stringent rules for exclusion.

School Administrator's Responsibility

The school administrator or designated staff person shall assure that all students born in tuberculosis endemic areas present TB certificates when initially enrolling in Oregon schools and exclude from school attendance those students/staff identified by local county health officer as having communicable tuberculosis.
ORS 433.260, ORS 431.110, and OAR 333-19-405

Rationale

Due to the increased incidence of tuberculosis in certain countries, it is necessary to identify the tuberculosis status of persons born in those countries. Early identification and treatment will prevent spread of this disease to others in a school setting.

Requirements

- Program of Service:

  Any student born in a country other than the United States, Canada, Australia, New Zealand, American Samoa, Commonwealth of the Marianna Islands (Saipan is the major city), Guam, Palau, Puerto Rico, the Virgin Islands and Western Europe* shall, within two weeks of first entering any grade from kindergarten through grade 12 in an Oregon public, private, or parochial school, present evidence of freedom from communicable tuberculosis to that school administrator. Such evidence shall consist of a negative Mantoux method tuberculin skin test, or if the skin test is positive, a chest X-ray which documents freedom from communicable tuberculosis.

- Reporting:

  Report to local health department every actual or suspected case of tuberculosis.

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* Countries included under Western Europe are Austria, Belgium, Denmark, Finland, France, West Germany, Great Britain, Greece, Ireland, Italy, Luxembourg, Norway, Portugal, Spain, Sweden, and Switzerland.

Procedures

1. Develop a system that is in compliance with state law for screening foreign born enterers, for documenting TB testing, and for tracking identified positive enterers.
2. Observe/screen students/staff for any signs and symptoms noted on communicable disease chart.
3. Parent/guardian should be notified by designated staff.
4. Report to the local health department actual or suspected cases of tuberculosis.
5. Exclude as recommended by the health department.
6. Readmit with written statement from physician or local health department.

Recommendations for Health Education

Incorporate tuberculosis unit in elementary, middle, and high school health curriculums.

Resources

- Reporting:
  -School nurse
  -Local county health department
  -Oregon Health Division
  -Private health care provider

- Education:
  -Oregon Health Division Communicable Disease Section, 229-5821
  -American Lung Association of Oregon, 1-800-223-8023

- Supplement to Health Services for the School-Age Child
  Item 39, "Tuberculosis Overview"--Oregon Health Division
  Item 40, Listing of countries from which children do or do not need a TB certificate
  Item 41, Certificate of Tuberculosis Status
  Item 42, Tuberculosis Exclusion Letter

HEAD LICE
(Pediculosis)

School Administrator's Responsibility

Head lice is a communicable disease requiring administrative exclusion/readmission policies and parental notification. OAR 333-19-015

Rationale

Head lice is a common condition in the school-age child. It is highly contagious and easily spread from direct or indirect contact with infested persons and/or his or her personal items.

Requirements

- Program of Service:

  A school staff member designated by the administrator will screen and exclude students for assessment by a health care provider. An excluded student will be readmitted with a written statement from a physician (OAR 333-19-021), public health nurse, school nurse, or when disease is no longer communicable.

- Reporting:

  a. Notify parents.
  b. Notify school nurse/designated staff person.

Procedures

1. Observe/screen student/staff for any signs or symptoms noted on the communicable disease chart.
2. Refer to school's nurse or other designated staff.
3. Parent/guardian to be notified by designated staff.
4. Exclude as required.
5. Recommend removal of all nits before student returns to school or follow county health department guidelines.

In order to prevent reinfestation during increased numbers or outbreaks, proper home treatment must be followed through and precautionary measures taken within the school setting.

SUGGESTED HOME MEASURES:

1. Clean all articles that might still have lice or nits. Clothing, towels, bed linens should be dry cleaned or washed in hot, soapy water and ironed--on a HOT setting.

2. Disinfect combs, brushes, and similar items by washing with hot, soapy water.

3. Vacuum thoroughly.

4. Use an over-the-counter environmental spray that is designated to kill head lice and is to be used on inanimate objects only (e.g., stuffed furniture).

SUGGESTED MEASURES TO CONTROL INFESTATION IN SCHOOL:

1. Keep coats, hats in paper or plastic bags, not on hooks or in lockers.

2. Spray gym mats, ear phones, safety patrol helmets, or other shared items with an environmental spray designed to kill head lice.

3. Use appropriate measures for cleaning of areas where students may play, sit, or nap and articles such as pillows, rugs, stuffed toys, etc. Also consider isolation of items in LOST AND FOUND (a real breeding ground).

4. PLEASE BE AWARE THAT SOME SCHOOL PHOTOGRAPHERS TAKING PICTURES ARE USING THE SAME COMB/BRUSH FOR EVERY STUDENT. This is not an acceptable practice.

Resources

- "Advice on Lice." Filmstrip - Walt Disney.
- "Lice are Insects Too." Filmstrip - Reed and Carnrick, Piscataway, NJ 08854.
- "Facts About Head Lice." Filmstrip - Health Education Center, PO Box 1608, Burbank, CA 91507.
- "Lice: Detection, Treatment, Prevention." Filmstrip - Pfizer, Inc., 1976.
- "Head Lice Fact Book"

Note: Some of these filmstrips are produced by companies who manufacture lice treatment products and do mention specific brand names.

- Supplement to Health Services for the School-Age Child
  Item 43, Parent education letter regarding head lice
  Item 44, Parent head lice screening letter
  Item 45, Recommended treatment of head lice
  Item 46, Parent follow-up letter that follows Head Lice rescreening

HEPATITIS A

School Administrator's Responsibility

The school administrator shall refer to the school nurse or county health department any student suspected of having any form of Hepatitis. The school administrator shall also assure observation of safe food handling practices in the school setting.
OAR 333-18-000, 19-005, and 19-275

Rationale

Hepatitis A, a food-borne illness, directly linked to poor personal hygiene has been on the increase in Oregon over the past decade. Students who have the disease or have been exposed to the disease should follow certain procedures to avoid the spread of the disease to others in the school setting. See Communicable Disease Chart in this publication.

Requirements

A registered nurse or designated staff person will report suspected cases to county health department within one working day. The registered nurse or designated staff person will monitor students exposed to Hepatitis A at the direction of the local health department.

Procedures

1. Establish and enforce strict hygiene/handwashing procedures for all district food service workers, including student assistants. See "Guidelines for Handling of Body Fluids in School Setting" in this publication.
2. Refer suspected or reported cases to the county health department within one working day.
3. Once there is a confirmed diagnosis, follow county health department recommendations regarding exclusion, notification, or treatment of contacts and readmission back to school.
4. Develop a policy regarding the use of home prepared food in the school.

Recommendations for Health Education

1. Instruct and observe good hygiene/handwashing practices.
2. Discourage home-prepared food for school parties, activities, etc.
3. Discourage food preparation activities in the classroom except for home economics. In home economics, strict hygiene guidelines should be drafted and observed.

Resources

- Education: See OAR 581-22-412, Plan of Instruction
- Local county health department.
- Oregon Health Division handwashing signs for bathrooms.

School Administrator's Responsibility

Refer to the school nurse or county health department any student suspected of having any form of Hepatitis.

OAR 333-18-000, 333-18-005, and 333-19-285

Each school district shall incorporate an age-appropriate plan of instruction about infectious diseases, including Hepatitis B as an integral part of the health education curriculum throughout its elementary, middle, and senior grade levels.

OAR 581-22-412

Children may be excused from this instructional program by request.

ORS 336.035 and OAR 581-22-415

The school district shall adopt policies and procedures which consider admission, placement, and supervision of students and employees with infectious diseases, including Hepatitis B.

OAR 581-22-705

Rationale

Hepatitis B is a viral infection of the liver. It is possible to become a chronic "carrier" of the disease. Persons with abnormalities with their immune system and persons institutionalized over a long period of time are even more likely to be carriers. The disease is spread through direct contact with blood, saliva, vaginal secretions, and semen from an infected person. The virus can remain infectious in blood/body fluids on environmental surfaces for up to six months.

Requirements

- Program of Service:

  1. Staff to be instructed in "Guideline for Handling of Body Fluids in School Setting" in this publication.
  2. A registered nurse or designated staff person to verify reported carrier state.

- Reporting:

  Any suspected case of Hepatitis B in the acute phase is reportable to the local health department. Hepatitis B in carrier state is not reportable.

Procedure

1. Refer suspected or reported case to the local health department.
2. Recommend Hepatitis B vaccine immunization for persons working closely with Hepatitis B carriers who are not in control of body fluids/behavior.
3. School personnel who are required to assist students with menses care or toileting or who work with students who display hostile/aggressive behavior require special procedures if a skin break is exposed to the blood/saliva of the carrier student, unless the student has received Hepatitis B vaccine.
4. Environmental surfaces and equipment should be cleaned after each use. See "Guidelines for Handling of Body Fluids in a School Setting" in this publication.
5. Have policies and/or administrative procedures in the school district concerning employees and students with Hepatitis B.
6. Adopt or develop a plan of instruction in the health education curriculum about Hepatitis B.

Recommendations for Health Education

Prevention: Incorporate infectious disease curriculum in elementary, middle, and high school health education classes. Assure that all staff receive education regarding universal precautions in situations involving exposure to blood and other body fluids.

Resources

- Local county health department
- AIDS: THE PREVENTABLE EPIDEMIC, a curriculum for Grades K-12, Oregon Health Division in collaboration with Oregon Department of Education, 1988
- Oregon Health Division's Guidelines for School with Children Who have Hepatitis B Virus or Human Immunodeficiency Virus Infections, September 1988
- "Practical Guidelines for Reducing the Risk of Communicable Disease in a School Setting", Multnomah Education Service District, School Health Services, February 1988 (fee charged)
- Education: See OAR 581-22-412, Plan of Instruction

School Administrator's Responsibility

AIDS (Acquired Immune Deficiency Syndrome) is a reportable communicable disease which is not identified as a school restrictable disease unless so designated by individual school districts or health administrators formal policy.
ORS 433.004, OAR 333-18-005, 333-19-223,
OAR 333-19-015

One cannot be tested for the presence of HIV (Human Immunodeficiency Virus) antibody without informed consent but anyone, including minors under age 15 years, may give consent to receive the test.
OAR 333-12-262

HIV test results are confidential.
OAR 333-12-265, ORS 433.045

Each school district shall incorporate an age-appropriate plan of instruction about infectious diseases, including AIDS, ARC (AIDS-Related Complex), and HIV as an integral part of the health education curriculum throughout its elementary, middle and senior grade levels. OAR 581-22-412

Children may be excused from this instructional program by request. ORS 336.035 and OAR 581-22-415

School districts shall adopt policies and procedures which consider admission, placement and supervision of students and employees with infectious diseases, including HIV and AIDS. OAR 581-22-705

The Office of Civil Rights of the U.S. Department of Health and Human Services prohibits discrimination based on the disabling effects of AIDS or related conditions (Section 504 of the Rehabilitation Act of 1973).

Rationale

AIDS is caused by HIV (Human Immunodeficiency Virus) and no evidence supports the spread from one person to another by casual social contact. Transmission occurs when body fluids (blood, semen, vaginal and/or cervical secretions) from an infected person is introduced into the blood stream of another individual through sex or needle sharing exposure, mucous membrane (eye, mouth, vagina, or rectum) exposure and, less commonly, through broken skin.

High risk behaviors include the practice of males having sex with males, the practice of sharing needs in intravenous (IV) drug use, having multiple, different sexual partners or being a sexual partner to any of the above. Persons who have received frequent blood transfusions prior to 1985 and infants born to infected mothers are also at risk.

A significant number of teenagers engage in behavior that increases their risk of becoming infected with HIV. The percentage of metropolitan teenage girls who had ever had sexual intercourse increased from 30%-45% between 1971 and 1982. Male homosexual intercourse is an important risk factor for HIV infection. In one survey conducted in 1973, 5% of 13- to 15-year-old boys and 17% of 16- to 19-year-old boys reported having had at least one homosexual experience. Of those who reported having had such an experience, most (56%) indicated that the first homosexual experience had occurred when they were 11 or 12 years old. Another indicator of high-risk behavior among teenagers is the number of sexually transmitted diseases they contract. Local county health departments can provide information on the number of cases of sexually transmitted diseases reported in teens in each county. Intravenous drug use is another risk behavior in which some teens engage. Although teenagers are at risk of becoming infected with and transmitting the AIDS virus as they become sexually active, studies have shown that they do not believe that they are likely to become infected and most (85%) did not change their sexual behavior because of concern about contracting AIDS. (MMWR Supplement, January 29, 1988)

Requirements

- Program:

  Universal precautions should be observed by first-aid providers in all situations involving exposure to blood and other body fluids. (See "Guidelines for Handling of Body Fluids in a School Setting" in this publication.)

  The school district shall incorporate an age-appropriate plan of instruction about infectious diseases. The Division of Health and Department of Education have developed such a curriculum (ORS 433.055). A school district could develop its own plan of instruction if developed cooperatively by parents, teachers, school administrators, local health department staff, other community representatives and persons from the medical community who are knowledgeable of the latest scientific information. The plan of instruction shall include specific information (OAR 581-22-412).

- Reporting:

  AIDS is a legally reportable disease to the local health department.

- Policies:

  Develop a school district policy which includes procedures to deal with students and employees. The school district shall adopt a plan of instruction for AIDS, ARC and HIV.

- Prevention:

  Incorporate an age-appropriate plan of instruction about AIDS in elementary, middle and high school health education curriculum (OAR 581-22-412). Assure that all staff receive education regarding the spread of AIDS.

Procedures

When a case of AIDS is confirmed, the school district should follow this procedure: Convene a planning team, including the child's parent(s) or guardian(s), the child's physician, the school nurse, representatives of the Oregon Health Division (optional), the local health department, the local school district superintendent, and the Oregon Department of Education (optional) to develop an educational plan. Decisions regarding the type of educational setting should be based on behavior, neurologic development and physical condition of the child, and the expected type of interaction with others in that setting. Home instruction is not appropriate unless the child is not able to participate in the educational setting. Strict confidentiality should be maintained in accordance with state and federal laws and local school district policy.

Recommendations

Counseling: Develop an information and referral system for students and staff regarding counseling on HIV testing, risk reduction or elimination and for basic question answering. Encourage use of a knowledgeable staff member. As appropriate, refer to local support groups.

Resources

- Reporting: County communicable disease contact person.

- Education:
  - "AIDS- THE PREVENTABLE EPIDEMIC, A Curriculum for Grades K-12," Oregon Health Division in collaboration with Oregon Department of Education, 1988
  - "AIDS Alert"--video
  - AIDS Education Program, OHD, PO Box 231, Portland, Oregon 97207
  - Local AIDS resource groups and councils
  - Red Cross AIDS curriculum, 1987, also various videos and pamphlets
  - "Recommendations for Prevention of HIV Transmission in Health Care Settings," U.S. Department of Health and Human Services, Public Health Service, CDC, Atlanta, Georgia 30333 (MMWR Supplement 8/21/87)
  - "Oregon Health Division Guidelines for Schools with Children Who Have Hepatitis B Virus or Human Immunodeficiency Virus Infections," September 1988
  - "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," (MMWR Supplement, January 29, 1988)
  - "Teens and AIDS: Playing it Safe," American Council of Life Insurance Association of America, 1987. Obtain from Oregon State Health Division, phone 229-5792.
  - "AIDS in Contact Sports," Oregon School Activities Association Interscholastic Bulletin, Vol. 28, No. 4, December 1987.
  - National Association of School Nurses, Inc., AIDS document, PO Box 1300, Scarbourough, Maine 040974.
  - OAR 581-22-412, Plan of Instruction

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Department of Human Resources

OREGON HEALTH DIVISION'S GUIDELINES FOR SCHOOLS WITH CHILDREN WHO HAVE HEPATITIS B VIRUS OR HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS

Revised September, 1988

These guidelines were prepared as recommendations for school administrators developing policies and procedures for providing education in a safe manner to children infected with either the hepatitis B virus or the virus that causes AIDS (acquired immunodeficiency syndrome).

I. Background

A. General

Hepatitis B and AIDS are serious illnesses that are spread from one person to another primarily by sexual contact, and in certain circumstances, by blood contact. Hepatitis B virus infections are much more common in Oregon school children than AIDS virus infections. The risk of spread of either disease in the school setting is extremely low. Since the basic measures to reduce this low risk even further are similar for the two diseases, the guidelines for both are presented.

B. Hepatitis B

Hepatitis B is a serious illness. Some infected persons develop no illness, but most older children and adults who are newly infected with the hepatitis B virus have a few weeks of illness and recover completely. Most of those who recover are infectious for a few weeks or months. About 5% to 10%, however, become chronic carriers of the hepatitis B virus. This carrier state may persist for a lifetime; it poses significant risk of serious chronic liver disease. About 40% of infants born to carrier mothers become carriers themselves.

A carrier may be infectious to others. The hepatitis B virus is not spread, however, by ordinary social contact. Instead, transmission occurs only when a body fluid such as blood, semen, or saliva from an infected person is introduced through broken skin or onto the mucous membranes of the eye, mouth, vagina or rectum. The virus does not penetrate intact skin. Specifically, hepatitis B can be spread from an infected person to an uninfected person by sexual contact, by needle sharing, by contact with infected blood or saliva through a cut or splash into the mouth or eye.

Carriers are not common in the general school age population. No significant risk of hepatitis B transmission has been documented in the school setting. The risk of transmission there, if any, is limited to students exposed to others who exhibit aggressive behaviors, such as biting or scratching, and to persons who provide first aid to carriers with bleeding injuries.

An effective vaccine is available to protect against hepatitis B infection. This hepatitis B vaccine is given in three doses over a six month period. The three dose series costs over $100, plus charges for administering it. It is a safe vaccine: a sore arm occurs frequently at the injection site, but more serious side effects have not been documented. The risk of hepatitis B in school aged children is too low to warrant routinely administering the vaccine to them or to those who provide first aid.

C. Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus (HIV) causes Acquired Immunodeficiency Syndrome (AIDS) and related immunodeficiency disorders. HIV infection results in a broad range of clinical illness ranging from no symptoms to the life-threatening condition of AIDS. Most people infected with HIV will eventually become ill, usually months or years after they become infected. Many of them will develop AIDS, the end-stage of HIV disease, within several years after first becoming infected. Nearly all persons who become infected with HIV will continue to carry the virus in their blood and be infectious to others for the rest of their lives, even if they do not develop AIDS.

As with the hepatitis B virus, HIV is not spread from one person to another by casual social contact. Consequently, the risk of transmission is very low in most school situations. Spread occurs only when a body fluid, such as blood or semen, is introduced through broken skin or onto the mucous membranes of the eye, mouth, vagina, or rectum. The concentration of HIV in blood, semen and vaginal/cervical secretions is sufficiently high to cause infection in persons exposed to these fluids. HIV may be present in very low concentrations in saliva and tears of AIDS patients. The Human Immunodeficiency Virus is more fragile than the hepatitis B virus and transmission by saliva, tears, feces and urine has not been shown to occur. Specific ways that HIV is spread include sexual contact, sharing of IV needles, and transfusion of contaminated blood or blood products.

Most infected children have acquired HIV from their infected mothers before or during birth. Some have been infected by contaminated blood or blood products.

Casual person-to-person contact that occurs among school children poses no risk of HIV transmission. No case of AIDS or HIV infection in the U.S. is known to have resulted from spread in the school or day care setting. Except for sexual partners, needle-sharing partners, and infants born to infected mothers, no family member of an AIDS case in the U.S. has been reported to have AIDS. Furthermore, numerous special studies of family members of HIV infected persons have found no evidence of spread to any household contacts except for sexual partners, needle sharing partners, or infants born to infected mothers. If any risk of spread in the school setting exists, it is limited to situations where open skin lesions or mucous membranes would be exposed to blood from an infected person. One example is a teacher providing first aid for a bleeding injury and getting blood into an open sore on his or her own hand. Another example which is theoretically possible but not known to have occurred, is an aggressive child who is infected and exposes other children by biting hard enough to puncture the skin or otherwise causing blood to blood contact.

Some children with HIV infections may be at increased risk of serious illness if exposed to certain infections such as chickenpox, measles, tuberculosis, herpes simplex, and cytomegalovirus.

D. Legal Issues

Among the legal issues to be considered in forming policies for the education of children with hepatitis B or HIV infections are confidentiality, the responsibility of the school district to provide a safe and healthy environment for students and employees, the civil rights aspects of public school attendance, and protection for children with handicaps. All persons diagnosed with hepatitis B are required to be reported to the local health department. Special categories of children with HIV infection are reported to the local health department. These include those who are: (1) younger than 6; (2) younger than 21 and in special education situations as defined in OAR 581-15-005 and 581-15-051; and (3) diagnosed with AIDS.

E. Confidentiality Issues

School personnel, parents, and others involved in the education of children with hepatitis B or HIV infections should be aware of the potential for social isolation should the child's condition become known to others. Results of an HIV test and the identity of a person receiving the test are confidential. They may not be released without specific written consent from the child's parent(s) or guardian(s). No person in Oregon may be tested for HIV without his or her express written informed consent or, in the case of a child, the consent of the child's parent(s) or legal guardian(s).

II. Recommendations

A. General

1. School personnel and the general public should receive intensive education about hepatitis B and HIV infection on a regular basis. This education should emphasize information about how the infections are spread and how they are not spread. It should be done before problems arise in individual schools. The Oregon Health Division, local health departments, Oregon Department of Education, Education Service Districts, and local school districts should cooperate to deliver this education.
2. Because of the small risk of blood-borne transmission from carriers who are not known to be infected, and because most infected children will not be identifiable, general precautions should be observed by first aid providers in all situations involving exposure to blood. These precautions must be used for treating bleeding injuries of all children, not just those known or suspected to be infected:
   a. Wear disposable plastic or rubber gloves when providing first aid for bleeding injuries.
   b. Wash your hands immediately after completing the first aid.
   c. Avoid getting blood from an injured child in your mouth or eyes. If such an exposure occurs, rinse your eye or mouth thoroughly with water.
   d. Clean up any spilled blood with soap and water, followed by disinfection with a freshly made solution of one part bleach to 9 parts water.
   e. Place blood-contaminated items such as gloves, bandages, and paper towels in a plastic bag, tie it closed, and put it in a garbage receptacle.
   f. Report the first aid situation to your supervisor.
3. The following additional precautions should be applied in all school settings, particularly those serving individuals with handicaps. These procedures will help prevent transmission of many diseases in addition to HIV and Hepatitis B. These include:
   a. A sink with soap, running water, and disposable towels should be available close to the classroom.
   b. Sharing of personal toilet articles, such as toothbrushes and razors should not be permitted.

c. Skin lesions that may ooze blood or serum should be kept covered with a dressing.

d. Exchange of saliva by kissing on the mouth, by sharing items that have been mouthed, and by putting fingers in others' mouths should be discouraged.

e. Environmental surfaces that may be regularly contaminated by students' saliva or other body fluids should be washed daily with soap and water.

B. Hepatitis B — Specific Recommendations

1. Hepatitis B is not a school restrictable disease under OAR 333-19-015. Attempts to specifically identify carrier children are generally discouraged. The exceptions to this are the previously institutionalized individuals with handicaps who are subject to frequent injuries, who have frequent visible bleeding from the gums, or who have aggressive or self-destructive behaviors (biting, scratching, etc.) that may lead to bleeding injuries. Such an individual should be screened for the hepatitis B carrier state. The hepatitis B surface antigen (HBsAG) blood test should be used. If the test is positive, see (2) below.

2. If a student is an identified hepatitis B carrier, the local health department should be consulted for individualized special precautions to be incorporated into the educational program for that child. Such precautions may include restricting contacts with other students and assuring that the teaching staff is immunized when appropriate.

3. School staff members who provide direct personal care to previously institutionalized students with handicaps should be advised by the local school district of the availability of hepatitis B vaccine and encouraged to consult with their personal physician or local health department for information about it.

4. The parents or residential caretakers of students with handicaps who are likely to have ongoing classroom or household contact with previously institutionalized individuals with handicaps should be advised of the availability of hepatitis B vaccine and encouraged to consult with their personal physician or health department for information about it.

5. All school staff members, including teachers, administrators, custodians, bus drivers, and secretaries should be fully informed of these recommendations as part of annual inservice training. Adopted procedures should be carried out in all school situations.

C. HIV/AIDS — Specific Recommendations

1. AIDS is a legally reportable disease. Children with HIV infection but without full blown AIDS, are also reportable when they are younger than 6, or younger than 21 and in a special education situation. Reporting is done by the attending physician to the local health department. When a child under age 21 with AIDS or an HIV-infected child who is under 6, or under 21 and in special education is reported, the Health Division or county health department will immediately contact the parent(s) or guardian(s). The parent(s) or guardian(s) will be required to notify the local school district superintendent of their child's infection if they wish the child to continue to receive education. The local health officer or Division administrator will issue an order to exclude the child from school, unless the school superintendent has been notified. When the superintendent is notified, he/she in cooperation with the building principal, the local health department and the child's parents or guardians will immediately conduct a preliminary assessment as to whether significant risk of transmission exists in the school setting. If there is such risk, the child will be temporarily excluded. Such exclusion should last no longer than five working days, or, in the case of a child in special education, no more than ten days. In order to determine whether special measures are necessary for continuing the child's education, the superintendent and local health department should convene a planning team, which should include the child's parent(s) or guardian(s), the child's physician, the school nurse, and representatives of the Division, the local health department, the local school district superintendent, and the Department of Education.

   Ordinarily the child will be able to remain in school during the assessment. Issues of confidentiality and discrimination must be considered carefully when a team is convened. (See number 7 below.)

2. Decisions regarding the type of educational and care setting for children with AIDS should be based on the behavior, neurological development, and physical condition of the child and the expected type of interaction with others in that setting.

3. In general, it is expected that HIV infected school-aged children (K-12) will be able to attend school without restriction.

4. In general, because of expected behaviors, it is expected that HIV infected children under the age of five years in school and some of those in special education settings will face some restriction of contact with other children.

5. For some neurologically handicapped children who lack control of their body secretions or who display behaviors, such as biting, and those children who have uncoverable, oozing lesions, a more restricted environment is advisable. Such children infected with HIV should be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

6. Since the HIV status of most infected children will not be known by the local health department, schools must assume that the identity or HIV status of HIV infected children under their jurisdiction will not be known.

7. Strict confidentiality should be maintained in accordance with state and federal laws and local school district policies. Knowledge of the child's condition should be shared with others only if the school superintendent determines it is necessary to do so after receiving recommendations from the team. Written consent from the parents or guardians of the AIDS diagnosed or HIV positive child is required before a child is identified by name to team members or to others. Oregon rules guide confidentiality, reporting and informed consent.
8. Routine care involving exposure to the infected child's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the modes of possible disease transmission. In any setting, good handwashing after exposure to blood and body fluids and before caring for another child should be observed, and gloves should be worn. Any open lesions on the caregiver's hands or on the infected person should be covered. The procedures outlined under Section II. A. should be followed in any situation that involves handling body fluids.
9. One member of the planning team should be responsible for re-evaluating the individual child's need for a restricted environment monthly, as well upon special request by the teacher or principal, for the hygiene practices of the child may improve or deteriorate. Any change in behavior, health or situation should call for an automatic review.
10. All school staff members, including teachers, administrators, custodians, bus drivers, and secretaries, should be fully informed of these recommendations and basic hygiene practices as part of annual inservice training. Adopted procedures should be carried out in all school situations.

FOR ADDITIONAL COPIES CONTACT:

OREGON STATE HEALTH DIVISION — HIV PROGRAM
1400 SW 5th, ROOM 209
PORTLAND, OR 97201
Phone: (503) 229-5792

GUIDELINES FOR HANDLING OF BODY FLUIDS IN A SCHOOL SETTING

The body fluids of all persons must be considered to be potentially hazardous. While the risk of infection from several different organisms is present, the exact risk depends on a variety of factors.

Body fluids include blood, semen, drainage from cuts and scabs, skin lesions, urine, feces, vomitus, nasal discharge, and saliva.

Avoid direct skin contact with body fluids. Disposable gloves must be worn by caregivers who anticipate assistance in first-aid when body fluids are present (i.e., cleaning cuts and scrapes, helping with bloody nose).

Those persons who handle diapers or student clothing soiled by incontinence should take similar precautions.

The use of gloves is strongly recommended for those who clean surfaces soiled by body fluids. School districts may require such practices.

Undoubtedly, there will be occasions where unanticipated skin contact will occur where gloves may not be immediately available (i.e., assisting a child in the bathroom, wiping a runny nose, administering first-aid to a bleeding wound while away from school building). In this occurrence, hands and all other affected skin areas must be washed with soap and running water as soon as possible.

Effective handwashing requires the use of liquid (not bar) soap and VIGOROUS WASHING UNDER A STREAM OF RUNNING WATER FOR AT LEAST 10 SECONDS. Use paper towels to dry hands well. Establishment of adequate handwashing facilities in all buildings is recommended.

Any articles used to clean body fluid spills should be handled with gloved hands and disposed of in a plastic bag. If an absorbent agent is used, sweepings must be disposed of in a similar manner. Brooms and dustpans should be cleaned with disinfectant.

Household bleach mixed freshly for each use in a 1:10 solution (1 part bleach to 9 parts water) or other approved commercial disinfectants must be used.

Encourage supervised self-care whenever possible.

In restrooms and other areas where health care is normally provided, designated plastic-lined waste containers shall be provided for the disposal of items soiled with blood and body fluids.

Inservice shall be provided annually for all staff members regarding these guidelines.

SEXUALLY TRANSMITTED DISEASE*

School Administrator's Responsibility

Many sexually transmitted diseases (STDs) are reportable to the county health department.
OAR 433.044, OAR 333-18-000, and 333-18-005

Minors of any age have a right to diagnosis and treatment without parental consent. ORS 109.610

Diagnosis and treatment for certain STDs must be offered by the local health department for cases and contacts.
ORS 433.006, OAR 333-19-265, and 333-19-390

Information about anyone (including school-aged children) diagnosed to have an STD is confidential.
ORS 433.008

Any district school Board may establish a course of education concerning STDs. ORS 336.035

Each school district shall incorporate an age-appropriate plan of instruction about infectious diseases as an integral part of the health education curriculum throughout its elementary, middle, and senior grade levels. OAR 581-22-412

Rationale

Sexually transmitted diseases (STDs) are a major and growing problem in children and adolescents. These diseases are spread through intimate physical contact with a person of either sex. In 1986, over 25 percent of gonorrhea cases in Oregon occurred in the school age population 10-19 years of age. Other factors to consider are: declining age of first intercourse; potential seriousness of STD complications for adolescents; notable increase in the number of STDs; and that chlamydia (the most common STD in the school-age population) can have serious, irreversible complications and is often present without symptoms.

Requirements

1. Sexually transmitted diseases are not school restrictable.

2. Students of any age do not need parental consent for treatment of STDs.

3. Cases and suspected cases of certain STDs are reportable to the local county health department.

* Acquired Immune Deficiency Syndrome (AIDS) is discussed independently elsewhere in the document.

Recommended Procedures

1. Refer students with suspected STDs to the school nurse or other designated staff.

2. The school nurse or other designated staff refer student to appropriate health care provider (county health departments are required to offer treatment for some STDs without charge). School personnel should be aware of community resources for diagnosis and treatment of STDs.

3. Encourage the student to discuss sexual behaviors and medical concern with parents.

4. Allow public health personnel to contact students during school hours to advise them of importance of medical evaluation/treatment.

Recommendations for Health Education

Local school districts can help reduce the incidence of STDs in both student and community populations through adoption and implementation of an appropriate STD curriculum. This could include the identification, causes, symptoms, treatment, and prevention of STDs. Also encouraged are curricula which help in the aspects of self-esteem, saying "no", etc.

Resources

- Local county health department
- Oregon Health Division, STD Section, phone 229-5819
- "Educator's Guide to AIDS and other STDs" by Stephen Sroka, October 1987. Available from Oregon Health Division, STD Section, phone 229-5819

School Administrator's Responsibility

Liability of school personnel administering medication. A school administrator, teacher or other school employee designated by the school administrator, who in good faith administers medication to a pupil pursuant to written permission of the pupil's parents or guardian and in compliance with the instructions of a physician, is not liable in a criminal action or for civil damages as a result of the administration except for an act or omission amounting to negligence or willful and wanton misconduct. ORS 336.650

Overview

Ideally, all medication should be given at home. However, there are students with chronic illnesses, long-term health conditions as well as students recovering from temporary illnesses who need to have medication in the school setting.

When medication must be administered to students at school the goal is to provide safely for students' health needs while minimizing the liability to school personnel who are providing the essential health services.

School personnel only have protection against claims of liability to the extent they comply with the law. The law makes no distinction between over-the-counter and prescription medication. Neither does it distinguish between short-term and long-term medication. In all cases written parental permission and physician instructions must be on file for both students' and staff's protection.

Definitions

Medication means any prescription or over-the-counter medication including but not limited to vitamins and food supplements; eye, ear and nose drops, inhalants, medicated ointments or lotions, aspirins, cough drops, and antacids.

Physician's instructions must be in compliance with the prescription privileges of the physician's licensing board. These instructions must include: name of medication, dosage, time interval, and method of administration. These instructions may be included on a prescription label or in a separate communication from the physician.

Recommended Procedures

- Each school district should develop a policy regarding student medication.
- For the school to administer any medication, the parent must provide a written request and the child's physician must give written instruction for any medication. It is recommended that possible adverse reactions be included with the instructions.
- All prescription medication must be in the original container with the student's and the doctor's names and directions clearly marked on a pharmacy label.
- All over-the-counter medication must be in original container with parent's special instruction for their individual child accompanied by the physician's instructions.
- Your school nurse should be advised of any student requiring medications at school.
- For short-term medication, a sufficient amount of medication should be provided for the period during which the medication is to be given.
- The school nurse or a designated staff member who has received instructions from the school nurse should assist a student in taking medication.
- In cases of unknown or unanticipated severe adverse reactions to insect stings, school staff members who have received training and certification are authorized to administer epinephrine.
- A locked cabinet should be provided for the storage of medications. It is preferable in most cases for medication to be kept in the locked storage cabinet to reduce the potential for accidental loss or misuse.
- In cases where a student must carry medication on his/her person during the school day, compliance with district policy regarding medication must be observed and a statement must be provided that instructs the school to allow this student to carry medication. This must be signed by the physician and the parent.
- Each time a medication is administered, a record should be maintained, noting the time, amount, and name of person administering medication. The medication record should be attached to the student's permanent records or an indication of where the record(s) can be located should be noted in the permanent record.
- If the student refuses to take the medication or if no system can be established to ensure correct regular administration of medications, the parent should be notified immediately.
- Unused medications must be returned home or destroyed when treatment is complete or at the end of the school year.
- Staff members involved with the administration of medication should be sensitive to and aware of issues of confidentiality in carrying out this responsibility.

Resources

- Consulting physician for school district
- Supplement to Health Services for the School-Age Child
  Item 47, Medication Permission and Administration Form
  Item 48, Medication Physician Orders
  Item 49, Medication Flow Sheet
  Item 50, Medication Flow Sheet

School Administrator's Responsibility

All school employees must report or cause a report to be made when there is reasonable cause to believe that a child has been abused (ORS 418.775). Failure to report may result in criminal charges or a fine. ORS 418.990

Those who make reports are protected from civil and criminal liability when the report is made in good faith based on reasonable grounds. ORS 418.762

However, they may be required to testify in court regarding their observations or be interviewed by respective litigants prior to court action.

"Child" means an unmarried person who is under 18 years of age.

ORS 418.740 defines abuse to a child as:

- Any physical injury caused by other than accidental means.
- Any mental injury caused by cruelty to the child, with due regard to the culture of the child.
- Sexual abuse.
- Sexual exploitation.
- Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter, or medical care.
- Threatened harm to a child.

Rationale

1. The purpose of the Oregon Law (ORS 418.740-418.775) is to facilitate "the use of protective social services to prevent further abuse, safeguard and enhance the welfare of abused children, and preserve family life when consistent with the protection of the child by stabilizing the family and improving parental capacity."

2. While the state respects the bond between parent/guardian and child, the state does assert the right to intervene for the general welfare of the child when there is a clear and present danger to the child's health, welfare, and safety.

3. The state does not intend to interfere with reasonable parental discipline and child-raising practices that are not injurious to the child.

The law states that the purpose of facilitating the use of protective social services to prevent further abuse, safeguard and enhance the welfare of abused children, and preserve family life when consistent with the protection of the child by stabilizing the family and improving parental capacity, it is necessary and in the public interest to require mandatory reports and investigations of abuse of children. [1971 c.451 §1; 1975 c.644 3]

Requirements

1. Child abuse report must be made immediately by telephone to the Children's Services Division or law enforcement personnel (ORS 418.755). Required content of report includes: (a) names and (b) addresses of the child and parents or those having care of the child, (c) child's age, (d) nature and extent of abuse, (e) explanation given for the abuse, and (f) other pertinent information.

2. School administrator will be notified by the investigating agency before an investigation with a child is conducted on school property.

3. School administrator cannot deny investigating personnel the right to conduct the interview on school property.

4. School personnel may be present at the investigation at the discretion of the investigating personnel.

5. School personnel are not required to notify parents when investigating personnel question a child, on school premises, regarding child abuse.

6. School personnel are not authorized to reveal anything which transpires during an investigation in which they participate.

7. Information derived from a child abuse investigation does not become part of a child's school record.

8. Required disclosure of information relative to child abuse supersedes confidentiality of student records.

Procedures

1. Any school district employee shall orally report suspected child abuse immediately to local Children's Services Division or the appropriate law enforcement agency. Any doubt about reporting a suspected situation is to be resolved in favor of the child and the report made immediately.

2. It is the individual employee's responsibility to make the report. It is advised that the call be made in the presence of an administrator or school counselor.

3. It is the employee's responsibility to notify the building principal or designee as soon as possible following the abuse report.

4. It is the responsibility of the agency to which the employee reported to contact the child's parents or guardians.

5. Each district should develop specific procedures for reporting any suspected abuse by school personnel.

6. The school shall advise the investigator of any handicapping condition the child may have.

7. Information derived from the investigation shall not become part of the child's school record.

8. Each district should develop an educational program for all employees regarding detection and reporting of child abuse. A listing of indicators is included in the Supplement to Health Services for the School-Age Child.

Resources

- Oregon Child Abuse Reporting Law, ORS 418.740 to 418.990
- Recognizing and Reporting Child Abuse and Neglect, February, 1986, Children's Services Division, 198 Commercial Street SE, Salem, OR 97310
- Local mental health agencies, law enforcement agencies, medical organizations, and health departments.
- Supplement to Health Services for the School-Age Child
  Item 51, Neglect/abuse indicators
  Item 52, Anatomical chart to document neglect/abuse
  Item 53, Child neglect checklist for school personnel

School Administrator's Responsibility

All children have health needs that must be addressed by a school health program. Most of these needs are met by routine school health services available to or used by all children, such as immunization documentation, first-aid, etc. Other health care needs require a range of services. These include emergency planning and individual accommodations.

Working Definition

Children with special health care needs are those who require individualized medical, nursing, nutritional, or other health related interventions to participate in the educational process. Included within this population are children: (1) whose medical condition would be considered unstable or who would be daily in danger of requiring emergency medical procedures; (2) requiring the administration of procedures during the school day which are not considered educational; or (3) characterized by the use of a particular medical device that compensates for the loss of use of a body function and who require substantial and complex daily nursing care to avert death or further disability. These children shall be provided appropriate assessment, planning, and other services required to identify and/or accommodate their needs to facilitate participation in the educational process. While some of these children may have their needs addressed in the general education setting, others will require special education and related services.

School Administrator's Responsibility

No statutes or rules require school administrators to provide services in this area.

Rationale

Depression in children and adolescents has received increased attention in recent years. Depression is a very common symptom. It is important to differentiate depression when it meets the criteria of depression as a "disorder." Depression as a disorder is categorized as Major Depressive Episode and is characterized by a depressed mood or loss of interest or pleasure in all, or almost all activities persistently for at least two weeks. In addition, associated symptoms required for this diagnosis may include appetite disturbance, change in weight, sleep disturbance, psychomotor agitation or retardation, decreased energy, feelings of worthlessness or excessive or inappropriate guilt, difficulty thinking or concentrating, and recurrent thoughts of death, or suicidal ideation or attempts.* Children and adolescents with this disorder may exhibit an irritable mood. Children may report somatic complaints and exhibit anxiety and phobias. Adolescents may exhibit conduct disturbances and substance abuse. Withdrawal and isolation may be present. School difficulties may be present. There may be a lack of attention to personal appearance and increased emotionality. Children and adolescents who exhibit symptoms of a Major Depressive Episode deserve a comprehensive professional mental health evaluation.

Procedures

A procedure shall be developed for referral of students suspected of being depressed. Students' eligibility as handicapped and need for special education and related services must be determined.

Recommendations for Health Education

1. Education about depression and associated disorders.
2. Education about healthful lifestyles and psychological well-being.

Resources

1. Designated school personnel including school psychologist, counselor, special education teacher and school nurse.
2. Health care providers.
3. Mental health professionals.

* Diagnostic and Statistical Manual of Mental Disorders (Third Edition--Revised), 1987.

SUICIDE ATTEMPTS AND SUICIDE

State Standards for Health Services require each district to maintain a prevention-oriented health services program for all students which provides emergency health care.
OAR 581-22-705

The administrator shall direct that a plan be developed for referral of students who communicate suicidal ideations or attempt suicide.

Rationale

Suicide attempts and suicides have continued to increase among adolescents and young adults. Suicide attempts are acts of desperation or extreme anger. More suicide attempts are made by females, but attempts by males are more often lethal. The true magnitude of suicide is not known since many are classified as accidents. Suicides have been attempted in the school setting, and suicide attempts have been reported to school personnel. A suicide attempt or a report of a suicide attempt should be treated as a medical emergency. No communication about suicide or a suicide attempt should be regarded lightly and should be immediately referred to the appropriate resources. School personnel need to be aware of some possible indicators of increased suicide potential, such as suicide communications, depression, sudden behavior or personality changes, recent significant crisis or loss, personal neglect, decrease in school performance, erratic attendance, serious relationship problems, and sleep or appetite disturbance. Potential suicidal behavior may be a concern if alcohol or substance abuse is present or suspected. When a suicide attempt or suicide occurs, the potential for suicide in others in the environment may increase.

Requirements

1. The school shall ensure that staff are knowledgeable about suicidal indicators.

2. The school shall ensure that staff are knowledgeable about community crisis management resources.

3. Each school shall have a written crisis management plan.

Procedures

1. A suicide attempt or report of a suicide attempt should be treated as a medical emergency; parent/guardian should be notified.

2. Referral for further evaluation shall be made regarding students exhibiting possible indicators of severe depression or potential suicide.

3. When a suicide or suicide attempt occurs, staff should be alerted that the potential for suicide in others in the environment may increase.

Resources

- Designated school personnel and school nurse
- Medical and mental health care providers
- Emergency mental health programs and hospital emergency services
- Suicide Prevention--A Special Report, Oregon Department of Education, March 1985

ALCOHOL AND SUBSTANCE ABUSE

School Administrator's Responsibility

District shall maintain a prevention-oriented health services program. OAR 581-22-705

Prior to expelling a child, the school shall consider and propose alternative programs of instruction or instruction combined with counseling. ORS 339.253

With approval of the school, a student may enter a private alternative program, and the district would pay the actual cost of the program or 80 percent of the district's estimated current year's per pupil net operating expenditure. ORS 339.253

Rationale

Use and abuse of mind altering substances such as alcohol, illegal drugs or prescription medications is an increasing problem among the school-age population. Substance abuse among youth differs in important ways from substance abuse among adults. Because substance abuse has a devastating disruptive effect on the growing and developing mind and body, the school cannot ignore such use.

Requirements

1. The school shall ensure that staff are aware of indicators of alcohol and substance abuse.

2. The school shall ensure that staff are aware of laws relating to alcohol and substance abuse and community resources to deal with the problem.

Procedures

1. Districts should encourage the modeling of abstinence from addicting and mind-altering substances among staff members.

2. Each district should develop its own policies and procedures related to alcohol and substance abuse by students, focusing on nonpunitive assistance to students who request help while imposing punishment on those caught using and/or distributing abusive substances on school grounds, in school buildings, or at school-sponsored activities.

Resources

- Local law enforcement agencies.
- Mental health providers.
- Local alcohol and substance abuse treatment programs.
- Local support groups.

TOBACCO USE

School Administrator's Responsibility

The tobacco statute (Chapter 163) forbids the selling of tobacco to minors. There is no statute which addresses possession or use by minors.

Rationale

Tobacco use continues to be a problem behavior among school age children, especially adolescents. Research has repeatedly demonstrated evidences of the health hazards of tobacco use in all forms. Some research has suggested that tobacco use, which is physically addicting, may be associated with abuse of other substances. There is also mounting evidence that cigarette smoke is not only a health hazard for the smoker, but also for those exposed to second hand smoke. Use of any addictive substance is of great concern when it is started at an early age due to the cumulative effects of chronic usage and the decreased time span for detrimental effects to take place in a body which is still growing and developing. In the past some schools have tolerated the use of tobacco, for example by setting aside smoking areas for students. With current information about the hazardous effects of tobacco use and the societal efforts to curb smoking in such places as hospitals and work places, schools should also set a similar example by eliminating smoking areas for students.

Requirements

The sale of tobacco products is prohibited to minors.

Procedures

Procedures should be developed which would encourage students to avoid tobacco use and to assist students who wish to stop smoking. Similar policies should be developed for school personnel, who act as models and set examples for students. These procedures might include the following actions:

1. Eliminate campus areas for tobacco use.
2. Staff should model healthy behavior by avoiding tobacco use.
3. Schools should provide programs to assist employee staff members in overcoming addiction to tobacco products.
4. Schools should offer students assistance in overcoming addiction to tobacco.

Recommendations for Health Education

1. Continue active education programs concerning the hazards of tobacco use, beginning in early primary grades.

2. Education about tobacco in the context of substance abuse.

Resources

- School nurse.
- Medical and mental health care providers.
- Substance abuse prevention and intervention programs.
- Supplement to Health Services for the School-Age Child
  Item 5, School health resource agencies and associations: Oregon Lung Association and American Cancer Society

PREGNANCY OR POSSIBLE PREGNANCY

School Administrator's Responsibility

Oregon Law identifies a number of requirements related to pregnant students. Students' rights to confidentiality must be observed. ORS 40.245

Health:

- Students of any age may receive birth control information from a physician. This is generally interpreted to include pregnancy testing. ORS 109.640
- A minor 15 years of age and older may receive medical care or treatment without parental consent. ORS 109.640

Education:

- The pregnant student and their parents must be informed of the student's right to special education services. ORS 343.187
- The school district must facilitate the provision of related services, including counseling, to pregnant students. ORS 343.187
- Inform pregnant students and their parents of the availability of resources provided by other agencies, including health and social services. ORS 383.187

Rationale

National statistics indicate that 10 percent of all teenage girls become pregnant. Many students are sexually active without birth control protection.

Parenting education and skills acquisition are urgently needed by these young potential parents. Schools need to provide a flexible program that encourages students to complete their education.

Requirements

1. The student has a right to information about pregnancy, contraception, and community resources.

Procedure

1. In all instances the students should be encouraged to discuss pregnancy and birth control issues with their parents.

2. Abstinence as well as contraception needs to be included when counseling a student regarding sexual behaviors.

3. The student and parent are to be notified of the right to Special Education for pregnant students.

4. Schools are to develop a plan for referral of students who may be pregnant. This includes use of community resources that will discuss all legal options of pregnancy.

Recommendations for Health Education

1. Health curriculum should include information on decision-making skills, sexual behaviors, pregnancy prevention including abstinence and parenting. This should include legal considerations.

2. Since pregnancy is a normal physiological condition, a program may emphasize exercise recommended by the student's physician. Other curriculum might include: health education, nutrition, personal finance, job skills, homemaking and parenting skills. In addition, instruction and counseling on the hazards to an unborn child of using drugs and alcohol may be included.

Resources

- School counselor, nurse, personal physician, county health department, family planning agencies and adoption agencies.

EATING DISORDERS

School Administrator's Responsibility

No statutes or rules require school administrators to provide services in this area.

Rationale

Anorexia Nervosa is a syndrome characterized by self-starvation and weight loss, associated with distorted body image and intense fear of gaining weight. Students with Anorexia Nervosa may be involved in extreme forms of exercise activities in order to lose weight, as well as restriction of food intake, self-induced vomiting and laxative or diuretic abuse. The absence of menstruation is frequently associated with females who have this disorder.

Bulimia Nervosa is a syndrome characterized by recurrent episodes of binge eating, often followed by restrictive dieting, self-induced vomiting and/or abuse of laxatives or diuretics. Unlike Anorexia Nervosa, individuals with Bulimia Nervosa may not exhibit significant weight loss. Bulimia Nervosa occurs alone or in conjunction with Anorexia Nervosa, and there are many overlapping characteristics in these syndromes.

Although the syndrome of Bulimia Nervosa seems to be more common than Anorexia Nervosa, both disorders are typically seen in white females, most often beginning in adolescence. It is not unusual for these individuals to be doing very well academically, while becoming increasingly troubled with food and their bodies. Eating disorders symptoms often have characteristics of addictive behaviors and require thorough assessments from biological, psychological, and social perspectives. Some students may experience significant depression and consider suicide. Eating disorders may be seen in all forms; from symptoms having minimal impact on the individual's life to severe life threatening potential from significant weight loss or electrolyte imbalance, which may lead to cardiac irregularities.

Procedures

1. School staff needs to be aware of signs and symptoms of potential eating disorders.
2. School staff refer student to school nurse, counselor, or other designated trained staff.
3. Parent/guardian should be notified by designated staff.
4. When an eating disorder is suspected, the school is expected to notify parents and encourage referrals to appropriate medical, psychological, and social resources.
5. Student and parent/guardian will be referred to appropriate medical, psychological, and social resources.

Resources

- School nurse, counselor, or trained designated staff
- Medical and mental health care providers
- Anorexia Nervosa and Related Eating Disorders, Inc. (newsletter available), PO Box 5102, Eugene, Oregon 97405
- American Anorexia/Bulimia Association, Inc., 133 Cedar Lane, Teaneck, New Jersey 07666, phone: 201-836-1800
- Supplement to Health Services for the School-Age Child
  Item 54, Student Self-Assessment Checklist for Anorexia Nervosa/Bulimia

School Administrator's Responsibility

The school is responsible to identify students with chronic health conditions and special health needs. These need to be evaluated considering special services, curriculum, or schedule adjustments and emergency care plans.
OAR 581-22-705

If the student's learning is adversely affected by the health condition, the student may be eligible for Special Education services as other health impaired. PL 94-142

Rationale

Many students with serious health conditions are enrolled in school. These conditions include, but are not limited to, diabetes, epilepsy, asthma, severe allergies, muscular dystrophy, bleeding disorders, arthritis, and cardiac conditions. The student often can participate fully in the educational process if given appropriate support.

Requirements

The health condition needs to be documented on the Oregon School Health Record card. A plan should be developed to identify specific student health needs, staff and student education needs, and the emergency care procedure.

Procedure

1. Communicate with parents regarding the need for information on students with special health needs.

2. Consult with the student and parent as to the need for education of classmates and school staff regarding the student's special health condition. This may be appropriate if the student has seizures or special diet needs.

3. Develop emergency cards or forms to identify the condition, symptoms, first-aid, emergency telephone numbers, and physician.

4. Request information from physicians if indicated.

5. Develop plan of evaluation and emergency care.

6. Develop educational information for the staff regarding the specific condition.

7. Assist family to facilitate use of professional or community resources for special health needs (Elks, Lions, Rotary clubs, etc.).

Resources

- Supplement to Health Services for the School-Age Child

  Item 5, School health resources agencies and associations

ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)

> The school district shall maintain a prevention-oriented health services program for all students which provide adaptation of services for a student with special health needs. OAR 581-22-705

Rationale

Attention-Deficit Hyperactivity Disorder is a medical condition with essential features of developmentally inappropriate inattention, impulsivity, and hyperactivity. In different individuals, these features may be present in varying degrees. Children with this disorder have greater difficulty remaining on task and organizing and completing their work. These children have greater difficulty in group situations, such as the classroom, especially when sustained attention is expected or required. The symptoms are often variable. Their behaviors and attention are more appropriate in one-to-one situations. This disorder is more common in males. Academic and social difficulties are usually present. A learning disability may be associated. Other associated features may include low self-esteem, lability of moods, low frustration tolerance, and temper outbursts. Conduct disturbance also may be associated. When academic and social performances are sufficiently impaired, a comprehensive treatment approach, which includes pharmacologic intervention and behavior management must be considered.

Requirements

Children who exhibit symptoms of Attention-Deficit Hyperactivity Disorder may require a multi-disciplinary assessment, which must include a medical evaluation by a physician familiar with this disorder. These students may be eligible for Special Education services.

Procedures

A procedure shall be developed for referral of children exhibiting symptoms of an Attention-Deficit Hyperactivity Disorder. The school nurse and Special Education staff may assist in developing this procedure.

Recommendations for Health Education

1. Education about relevant mental health disorders and their interventions.

2. Education about appropriate utilization of mental health services.

Resources

- Diagnostic & Statistical Manual of Mental Disorders, (Third Edition--Revised), 1987.
- Designated school personnel and school nurse
- Medical and mental health care providers
- "The Hyperactive Child and the Family," John Taylor, Ph.D., Dodd, Mead, Inc., 1983
- "The Hyperactive Child, Adolescent, and Adult," Paul Wender, Oxford Press, 1987
- "The Impossible Child," Doris Rapp, M.D., Practical Allergy Research Foundation, Box 60, Buffalo, New York 14223
- "Attention Deficit Hyperactivity Disorders in Children," (videotape), Russel A. Barkley, Ph.D., Medical College of Wisconsin, (414) 778-4588
- Supplement to Health Services for the School-Age Child
  Item 55, The Taylor Hyperactivity Screening Checklist
  Item 56, A.D.D. Behavior Rating Scales
  Item 57, Conner's Teacher's Questionnaire for Attention Deficit Hyperactivity Screening

Supplement to

HEALTH SERVICES FOR THE SCHOOL-AGE CHILD

1989

• Verne A. Duncan, State Superintendent of Public Instruction • Oregon Department of Education, 700 Pringle Parkway SE • Salem, Oregon 97310-0290 •

Supplement to

Health Services for the School-Age Child
1989

Jerry Fuller
Associate Superintendent
Division of Special Student Services
Oregon Department of Education

Judy Miller, Director - *Student Services Section*
Don Perkins, Specialist, Student Services

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Additional copies of this publication may be obtained for $7.50 from:

Documents
Oregon Department of Education
700 Pringle Parkway SE
Salem, OR 97310-0290
Phone: 378-3589

321861989750

FOREWORD

This is a supplement to Health Services for the School-Age Child (1989). In it you will find: (1) sample forms/letters which can be reproduced or adapted to suit your needs; (2) information/procedures which are too lengthy to be included in the actual text; and (3) a list of national and local health resource agencies.

For further information, contact Don Perkins, Student Services Section, Oregon Department of Education, 378-3591.

Verne A. Duncan
State Superintendent
of Public Instruction

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SCHOOL HEALTH SERVICES REFERRAL FORM

(Note: This form is provided in three-part NCR.)
This form is basically used to refer to the Health Department.
It is not to be used in place of
Parental Authorization for Release of Confidential Information
and Request for Health Information forms.)

DATE: ______________________________

TO: ______________________________ FROM: ______________________, R.N.

FAMILY IDENTIFICATION

PARENT/GUARDIAN: ______________	______________	______________
Last, First	Mother	Father

Student Name	B.D.	School	Sibling		B.D.	School
Student Address			Sibling		B.D.	School
			Sibling		B.D.	School

Reason for Referral:

____
Medical Supervision By

Return Information (i.e., diagnosis, intervention, pertinent information, recommendations):

I authorize exchange of information to occur between parties listed above. I agree to any health information pertinent to my child's school progress to be shared with school personnel at his/her school.

____
Parent/Guardian Signature

2

REQUEST FOR HEALTH INFORMATION

TO: ______________________________
Physician/Clinic

We would appreciate your answering the items checked below to help us plan the best school program for this pupil for these reasons:

Identification of Pupil

Name	
Address	
School	Birthdate
Father's Name	
Mother's Name	
Student's Clinic Number	

Date of Request: ____________ Thank you, ______________________________, R.N.

Enclosure: Parental Release

Diagnosis? ______________________________

Manifestation? ______________________________

Implications? ______________________________

a. Physical ______________________________

b. Academic ______________________________

c. Social/Emotional ______________________________

X-Ray, lab, or other test results ______________________________

Other Comments: ______________________________

Date	Signature of Physician	Printed Name of Physician

Phone   Mailing Address   City   State   Zip

PARENTAL AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

(Note: This form is provided in two-part NCR.)

I hereby authorize an exchange of information to occur between the School Health Services nursing staff of the above agency and:

Name:____________________ Phone:________________

Address:________________________________

regarding any or all information contained in the record of:

Name:____________________ Date of Birth:____________

________________ ________________________

Date Signature of Parent/Guardian

I further authorize the School Health Services nursing staff to share any health information pertinent to my child's school progress with school personnel and/or other health care providers to which my child may be referred.

________________ ________________________

Date Signature of Parent/Guardian

Requested by:________________ School:________________

White copy: Addressee
Yellow copy: SHS

LOCAL HEALTH DEPARTMENT PHONE LIST
(Area Code for Entire State is 503)

Baker County	523-6414, Ext. 225
Benton County	757-6835
Clackamas County	655-8472
Clatsop County	325-8500
Columbia County	397-4651
Coos County	
Coquille Office	396-3121, Ext. 329
North Bend Office	756-2020, Ext. 510
Crook County	447-5165
Curry County	247-7011, Ext. 265
Deschutes County	388-6616
Douglas County	
Roseburg Office	440-3500
West County Office (Reedsport)	271-4835
North County Office (Drain)	836-7311
South County Office (Canyonville)	839-4495
Gilliam County	384-2061
Grant County	575-0429
Harney County	573-2271
Hood River County	386-1115
Jackson County	776-7300
Jefferson County	475-2266
Josephine County	474-5325
Klamath County	882-8846/882-2501, Ex, 192/193
Lake County	947-3373
Lane County	687-4035
Lincoln County	265-6611, Ext. 212
Linn County	967-3888
Malheur County	473-3189
Marion County	588-5342
Morrow County	676-5421
Multnomah County	Information Number: 248-3816
Westside	248-5140
Grace Peck	238-7150
East County	666-1300
Northeast	248-5183
North	248-5333
Polk County	623-8175
Tillamook County	842-3413
Umatilla County	276-3211
Union County	963-1015
Wallowa County	426-3627
Wasco-Sherman County	296-4636
Washington County	648-8881
Wheeler County	763-2725
Yamhill County	472-9371, Ext. 555

SCHOOL HEALTH RESOURCE
AGENCIES & ASSOCIATIONS

Action on Smoking & Health (ASH)
2013 "H" St NW
Washington, DC 20006

Al-Anon Family Group Hdqtrs, Inc
One Park Ave
New York, NY 10016

Alcoholics Anonymous
PO Box 459
Grand Central Station
New York, NY 10163

American Academy of Pediatrics
PO Box 1034
Evanston, IL 60204

American Cancer Society
777 3rd Ave
New York, NY 10017
Oregon 295-6422

American Dental Assn
211 E Chicago Ave
Chicago, IL 60611

American Diabetes Assn
Two Park Ave
New York, NY 10016
Oregon 228-0849

American Dietetic Assn
430 N Michigan Ave
Chicago, IL 60611

American Heart Assn
7320 Greenville Ave
Dallas, TX 75231
Oregon 226-2575

American Lung Assn
1740 Broadway
New York, NY 10019
Oregon 224-5145

American Medical Assn
535 N Dearborn St
Chicago, IL 60610

American National Red Cross
17th & "D" Sts NW
Washington, DC 20006

Clearinghouse on the Handicapped
Switzer Bldg, Room 3119
330 "C" St SW
Washington, DC 20201

American Nurses Assn
2420 Pershing Rd
Kansas City, MO 64108

American Public Health Assn
1015 15th St NW
Washington, DC 20005

American School Food Service Assn
4101 E Iliff Ave
Denver, CO 80222

Assn for the Advancement of Health
Education (AAHPERD)
1900 Association Dr
Reston, VA 22091

Assn for Retarded Citizens
(formerly National Assn for
Retarded Children)
PO Box 6109
Arlington, TX 76011

Asthma & Allergy Foundation of America
1302 18th St NW, Suite 303
Washington, DC 20036

Cancer Information Clearinghouse
National Cancer Institute
Office of Cancer Communications
Bldg 31, Room 10A-18
9000 Rockville Pike
Bethesda, MD 20205

Center for Health Promotion & Education
Center for Disease Control
Bldg 1 South, Room 558249
1600 Clifton Rd NE
Atlanta, GA 30333

Clearinghouse for Occupational Safety & Health Information
Technical Information Branch
4676 Columbia Pkwy
Cincinnati, OH 45226

Clearinghouse on Child Abuse & Neglect
PO Box 1182
Washington, DC 20013

Consumer Product Safety Commission
Washington, DC 20207

Cystic Fibrosis Foundation
6000 Executive Blvd, Suite 309
Rockville, MD 20852

Environmental Protection Agency
Public Information Ctr, Rm PM211-B
401 "M" St SW
Washington, DC 20460

Epilepsy Foundation of America
4351 Garden City Dr
Landover, MD 20785
Oregon 228-7651

Food & Drug Administration
Office of Consumer Affairs
Public Inquiries
5600 Fishers Lane (HFE-88)
Rockville, MD 20857

Food & Nutrition Info Center
National Agricultural Library Bldg
Room 314
Beltsville, MD 20705

Hemophilia Foundation
Oregon Health Sciences University
3181 SW Sam Jackson Park Road
Portland, OR 97201
225-8716

Leukemia Society of America
733 3rd Ave
New York, NY 10017

Muscular Dystrophy Assn
810 7th Ave
New York, NY 10019
Oregon 223-9427

Narcotics Anonymous
World Service Office
PO Box 9999
Van Nuys, CA 91409

National Assn for Hearing & Speech Action
10801 Rockville Pike
Rockville, MD 20852
Consumer Information Center
Pueblo, CO 81009

National Assn of School Nurses, Inc
PO Box 1300
Scarborough, ME 04074

National Assn of State School Nurse Consultants
New Hampshire Dept of Education
101 Pleasant St
Concord, NH 03301

National Center for Health Ed
30 E 29th St
New York, NY 10016

National Clearinghouse for Alcohol Information
PO Box 2345
Rockville, MD 20852

National Clearinghouse for Drug Abuse Information
PO Box 416
Kensington, MD 20795

National Clearinghouse for Family Planning Information
PO Box 2225
Rockville, MD 20852

National Council on Alcoholism, Inc
733 3rd Ave
New York, NY 10017

National Cystic Fibrosis Research Foundation
202 44th St
New York, NY 10017

National Dairy Council
6300 N River Rd
Rosemont, IL 60018

National Diabetes Info Clearinghouse
Box NDIC
Bethesda, MD 20205

King Fluoride, a new preventive dental health program, is available in your child's elementary school. King Fluoride is a continuation of a previous school dental program entitled Swish Swash. The program will be incorporated directly into classroom activities and will include weekly fluoride rinsing and optional daily dry-brushing.

This year more than 70,000 Oregon children will participate in the King Fluoride program. They will join 10 million children across the nation involved in similar programs.

National tests have proven that weekly fluoride rinsing can prevent an average of 35% of cavities in children. Fluoride is a natural nutrient that works to strengthen tooth enamel and helps teeth resist tooth decay.

Participation in the King Fluoride program offers these royal benefits:

- Fewer cavities and better checkups, i.e. magical smiles.
- Lower dental bills.
- Knowledge about the importance of prevention.

The program is easy to do and fun for children. There is no cost to parents.

All children may participate in the optional dry-brushing session each day. But only those with *signed parental consent* may participate in the weekly fluoride rinsing.

The best way to prevent tooth decay is to adjust the amount of fluoride in a community's drinking water. Drinking fluoridated water from birth reduces tooth decay by as much as 65%; however, only 17% of Oregon's population enjoy the benefits of fluoridated water.

That's why the King Fluoride program is so important. In fluoridated areas, fluoride rinsing can give added protection against tooth decay. But for most of Oregon, where the water is not fluoridated, fluoride rinsing allows children to receive the benefits of topical fluoride.

With your permission, your child will learn how easy it is to use a fluoride mouthrinse. Every week, a teacher or other adult gives each child a cup with a small amount of mouthrinse. The child rinses and swishes for one minute and empties into the cup. Less than five minutes of school time per week are needed so the program does not interrupt your child's regular academic schedule. Daily dry brushing is optional and takes an additional five minutes a day.

The King Fluoride program is not a substitute for fluoridated public water, fluorides prescribed by your child's dentist or physician, or topical fluorides applied to your child's teeth by qualified dental personnel.

Of course, fluoride rinsing alone is not enough. Your child should also brush 2 to 3 times a day with a fluoride toothpaste, floss daily, cut down on the frequency of sweets and visit a dentist regularly.

King Fluoride is sponsored and endorsed by the Oregon State Health Division and Oregon Dental Service in cooperation with state and local dental societies, local health departments and school districts.

Give King Fluoride a Royal Welcome.

Please complete the form below and return to your child's school.

____
(Child's Name)

may/may not participate in the King Fluoride weekly fluoride mouthrinse at ______________________________.
(circle one)
(School Name)

(Date) ______________ ______________________________
(Signature of Parent or Guardian)

(Address) ______________________________

(City) ______________ (Zip Code) ______________

(Telephone) ______________

7

RESOLUTION: SCHOOL-BASED CLINICS

WHEREAS, school-based clinics can provide accessible health care services to students who might otherwise not receive them; and

WHEREAS, school-based clinics organized in a wide variety of configurations, staffed with a variety of personnel can offer increased health care services; and

WHEREAS, the school nurse has the expertise to triage students and make referrals to school-based clinics and the skills to provide follow-up;

THEREFORE, BE IT RESOLVED that the National Association of School Nurses encourages the establishment of integrated school health programs and school-based clinics to provide comprehensive school health services; and

BE IT RESOLVED that the National Association of School Nurses promote school-based clinics that supplement, not supplant, school nurses; and

BE IT RESOLVED that the National Association of School Nurses recommends that school nurses be integrally involved in the design, development, and implementation of school-based clinics and serve as the nursing professional in the school-based clinic model.

Adopted June 1986, National Association of School Nurses.

HEALTH SCREENING RESULTS FORM

(Note: This form is provided in two-part NCR.)

NAME:______________________________ SCHOOL:______________________________
Last First

TEACHER:______________________________ GRADE:_____

Dear Parents:

Below are the results of our annual health screening. If you have any questions or need assistance, please phone your school's health assistant. This is a screening only and should not be considered a complete evaluation.

Height:_____	Vision:_____ w/glasses	1st screening	2nd screening
		Both 20/	Both 20/
Weight:_____	_____ w/o glasses	R 20/	R 20/
		L 20/	L 20/

Additional Remarks:____

(Normal range of vision is 20/20 or 20/30. Students scoring 20/40 or higher will be rechecked by the nurse. Parents will be notified if there appears to be a problem.)

Dental:	_____ Acceptable	_____ Orthodontic problems
	_____ Major cavities	_____ Under care of orthodontist
	_____ Other	_____ Needs brushing/flossing

Fall 19___

VISION SCREENING RESULTS FORM

(Note: This form is provided in two-part NCR.)

STUDENT'S NAME:________________________________ DATE:____________________

GRADE:________ TEACHER:______________________ SCHOOL:___________________

Dear Parent/Guardian:

Today in school your child participated in a screening for distance vision. Screening was done ______ with ______ without glasses/contacts. Screening results were: 20/____ right eye, 20/____ left eye.

_________ These results are within normal limits (20/20 is normal with some deviation being considered normal, the amount dependent upon your student's age).

_________ These results suggest need for further consultation/testing by your doctor. (Further information is attached or will be mailed to you.)

Should you have questions, please call the nurse at school or the School Health Services office at _______________.

VISION REFERRAL FLOW SHEET
(Used for tracking students referred for visual acuity concerns.)

SCHOOL:______________________________

Student, Parent/Guardian Phone/Teacher/Room	SNELLEN RESULTS 1st Scr	 2nd Scr	DATE OF 1st Letter	 2nd Letter	Follow-Up	Close
	R) 20/ L) 20/	R) 20/ L) 20/				
	R) 20/ L) 20/	R) 20/ L) 20/				
	R) 20/ L) 20/	R) 20/ L) 20/				
	R) 20/ L) 20/	R) 20/ L) 20/				
	R) 20/ L) 20/	R) 20/ L) 20/				
	R) 20/ L) 20/	R) 20/ L) 20/				
	R) 20/ L) 20/	R) 20/ L) 20/				
	R) 20/ L) 20/	R) 20/ L) 20/				

REPORT ON SCHOOL VISION SCREENING

STUDENT:______________________________ DATE:______________________________

SCHOOL:______________________________ GRADE/TEACHER:______________________

Dear Parent:

Snellen vision screening has been done at school under the direction of your school's registered nurse. The Snellen screening for your student indicates that consultation with your health care provider and/or a professional eye examination is advisable. The signs and symptoms noted in your student's screening which suggest the need for further medical assessment are:

Snellen Screening Results: (with _____)(without_____) glasses:

Right eye 20/____, Left eye 20/____

Comments:____

____

____

If you have any questions, please call:____________________, R.N., at school.

If you do not have an eye doctor, call your county Medical Society for names of ophthalmologists (MD), or you may call the Oregon Optometric Association, 639-5036, for the names of optometrists in your area. The following agencies charge fees according to income. Ask the Oregon Optometric Association if they can provide that information. You may also call the Oregon Health Sciences University, Children's Eye Clinic, Portland, at 279-7830.

PARENT'S REPORT ON EYE CARE

NOTE TO PARENT: If this student has had an eye examination within the past year, please fill in the following and return it to the school. Otherwise, please take it to your doctor and ask him/her to complete the form on the back and mail it to School Health Services. Thank you.

Has the student had a previous eye examination? ____________________

Date of last examination:_______________ Doctor:____________________

Were glasses, treatment, or follow-up care recommended at that time? __________

____

Special instructions for school personnel:______________________________

____

Signed:______________________________ Date:______________________________
Parent/Guardian

-OVER-

REPORT ON EYE EXAMINATION
(To be completed by eye doctor)

Name of Student: ______________________________

A. Following an examination of the above-named student, I find the condition described below:

1. Diagnosis: ____

____

____

2. Is the condition stationary or progressive? ____________________

3. Were glasses prescribed? Yes _____ No _____

4. Visual Acuity:

	Distant Vision			Near Vision		
	Without Correction	With Correction	With Low Vision Aid	Without Correction	With Correction	With Low Vision Aid
Right Eye (O.D.)						
Left Eye (O.D.)						
Both Eyes (O.D.)						

5. Other treatment: ____

____

____

B. Recommendations:

1. When should the student be re-examined? ____________________

2. What physical activities, if any, should be limited? ______________

3. Special classroom needs: ____________________________________

4. If glasses are prescribed, should they be worn at all times? ________

5. General suggestions: ____________________________________

____

____

Printed Name: ______________________

Date: ______________________ Signed: ______________________

Phone: ______________________ Address: ______________________

PLEASE SEND THIS REPORT TO: Attn--______________________________, R.N.

COMMON CAUSES OF EYE DISORDERS IN CHILDREN

Awareness of some of the common causes of eye disorders can help a parent, volunteer, or teacher detect problems in early stages, possibly preventing permanent visual damage.

Amblyopia ("Lazy Eye") is the condition that most concerns children's eye care practitioners. If it is not discovered and treated before the age of six or seven, it usually leads to permanent reduction of vision in the affected eye. The amblyopic eye has decreased vision, may be crossed inward, turned out, or be straight. In most instances, the child has adequate vision in the "good" eye, so parents and teachers are unaware of vision problems. The child rarely complains because the blurred vision causes little difficulty and is perceived to be "normal". The usual treatment is to patch the good eye in order to force the use of the weaker one; thus, developing improved vision in the "lazy" eye. Sometimes the patch is combined with glasses, surgery, or eye exercises.

Strabismus (squint) is the term used to describe eyes which are not properly aligned, but turn in ("crossed eyes"), out ("wall eyes"), or up or down. Strabismus may be due to birth injuries or heredity defects, faulty muscle attachments, excessive farsightedness, or certain illnesses. It is rarely outgrown or improved without treatment. Treatment directed toward straightening the eyes can involve glasses, patching, eye drops, surgery, and eye exercises, either singly or in combination.

Myopia (nearsightedness), Hyperopia (farsightedness), and Astigmatism (irregularly-shaped cornea) are errors in the focusing system of the eye which usually are considered normal variations of the eye. These frequent abnormalities are corrected with glasses.

Source: School Eye Care Manual, Oregon Academy of Ophthalmology, 1980

THE EYE AND LEARNING DISABILITIES

Learning disabilities have become a matter of increasing public concern. A child's inability to read with understanding as a result of defects in processing visual symbols (often called dyslexia) is a major obstacle to school learning. The significance of the problem has led to the generation of numerous diagnostic and remedial procedures, some more effective than others and many of which imply a relationship between visual function and learning.

Treatment of dyslexia and other such causes of school underachievement requires a multidisciplinary approach involving medicine, education, and psychology in diagnosis and treatment. Eye care should never be instituted as the sole form of therapy when a patient has a reading problem.

There is no known eye defect which produces dyslexia and associated learning disabilities. Eye defects do not cause reversals of letters, words, or numbers and, therefore, eye treatment cannot correct such learning disabilities. In addition, no known, well-controlled scientific evidence supports claims for improving the academic abilities of learning disabled, dyslexic children with treatment based solely on visual training or neurologic organizational training. Such training often has resulted in unwarranted expense and has delayed proper treatment. Except in cases with proven correctable eye defects, glasses will not help in the treatment of dyslexia.

The teaching of children with learning disabilities is a matter best left to educational professionals. Medical specialists may help bring out the child's potential, but the remedial education remains the responsibility of educators. Medical specialists should work with parents, teachers, and school medical personnel to design a specific series of treatment. You should keep in mind that no one remedial approach is universally successful. A change in any variable may increase motivation and reduce frustration for a student. Parents should be made aware that psychological as well as intellectual factors contribute to a child's scholastic success or failure.

Source: School Eye Care Manual, Oregon Academy of Ophthalmology, 1980

Teacher's List of Pupils for Audiometric Tests

School ____________________

Teacher's Name ____________________ Room No. ________ Date ____________________

To The Teacher: Please make appropriate notation on this form of any observations made in relation to possible hearing difficulty.

GRADE	NAME OF PUPIL Please List Alphabetically Last Name First	HEARING STATUS			REMARKS
		Normal	Defer	Refer	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Audiogram & Parent Report

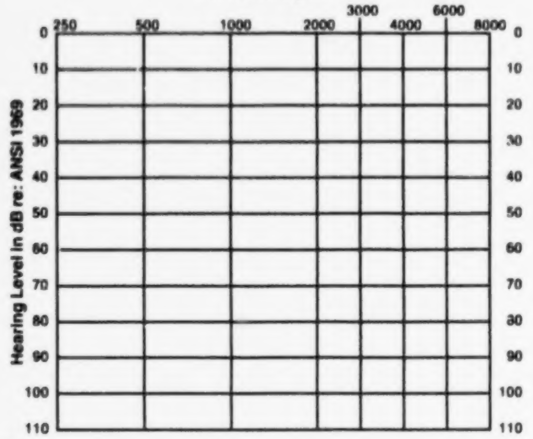
(NOTE: This form is provided in four-part NCR.)

Name ______________________ Birth Date ____________ M F Grade ______

Parent's Name ______________ Address ______________ Phone ______

School ______________

Initial Audiogram



Date ____________

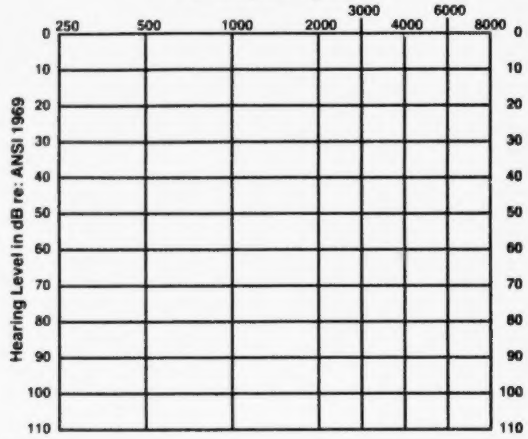
Examiner ____________

Key

Right		Left
○	AC Unmasked	×
△	AC Masked	☐
<	BC Unmasked	>
[	BC Masked	]

AC = Air Conduction
BC = Bone Conduction

Follow-up Audiogram



Date ____________

Examiner ____________

EAR CANALS

Right ____________

Left ____________

TYMPANOMETRY

Right ____________

Left ____________

ACOUSTIC REFLEXES

Contralateral

	500 Hz	1000 Hz	2000 Hz	4000 Hz
Right				
Left				

Ipsilateral

	1000 Hz	2000 Hz
Right		
Left		

SUMMARY OF RESULTS:

Hearing test results indicate:

	Right Ear	Left Ear
• Within normal limits	☐ ________	☐ ________
• Conductive loss	☐ ________	☐ ________
• Sensorineural loss	☐ ________	☐ ________
Middle ear function testing results indicate:		
• Within normal limits	☐ ________	☐ ________
• Significant negative middle ear pressure	☐ ________	☐ ________
• Stiff middle ear system	☐ ________	☐ ________

RECOMMENDATIONS:

☐ Medical evaluation

☐ Further hearing testing in our office

☐ Preferential classroom seating

☐ Other

HISTORY:

Ear, nose, throat ______________________

Under care ______________________
(Doctor, agency, program)

Family history ______________________

Childhood diseases ______________________

Allergies ________

PHYSICIAN'S REPORT OF EXAMINATION

Right ear ______________________

Left Ear ______________________

Diagnosis and Recommendations ______________________

Examining Physician ______________________ Date ____________
Printed Name / Signature

PARENT HEARING REFERRAL LETTER

Dear Parent:

Your child's hearing has been screened and rechecked at school. Test results suggest a need for medical evaluation.

Enclosed is a copy of the audiogram with the audiologist's recommendations to take with you to your doctor. Please retain the yellow copy for your records and request your doctor to return the completed form to the school.

If your child is already under care or if you have any questions, please call the school.

Thank you.

Sincerely,

Audiologist
School Health Services

________ It is recommended that a follow-up hearing test be done after your child has received medical treatment. Please call our office for an appointment.

17

PHYSICAL EXAMINATION FORM

(NOTE: This form provided in three-part NCR.)

Valid from: / /19 to / /19

TO BE FILLED IN BY PARENT BEFORE PHYSICAL EXAMINATION

(School to be attending) (Grade)

Pupil's Name ______ Last ______ First ______ Sex M F Birth ______ Month ______ Day ______ Year

Address ______ State or Rural Route ______ Town ______ Phone ______

Check the following information about your child:

1. Past Concussions .... Yes ___ No ___ Year ___
   Past Skull Fractures .... Yes ___ No ___ Year ___
2. Neck injury .... Yes ___ No ___ Year ___
3. History of muscle, bone or joint disease .... Yes ___ No ___ Year ___
4. Glasses or contact lenses for athletics .... Yes ___ No ___ Year ___
   Loss or seriously impaired vision in one eye .... Yes ___ No ___ Year ___
5. Hearing Problem .... Yes ___ No ___ Year ___
6. Pneumonia .... Yes ___ No ___ Year ___
7. Hernia .... Yes ___ No ___ Year ___
8. Diabetes .... Yes ___ No ___ Year ___
9. Rheumatic Fever .... Yes ___ No ___ Year ___
10. Kidney Disease .... Yes ___ No ___ Year ___
11. Fainting spells .... Yes ___ No ___ Year ___
12. Epilepsy or other convulsive disorders or seizures .... Yes ___ No ___ Year ___
13. Communicable Diseases:
    German Measles (3 day) .... Yes ___ No ___ Year ___
    Red Measles .... Yes ___ No ___ Year ___
    Mumps .... Yes ___ No ___ Year ___
    Chickenpox .... Yes ___ No ___ Year ___
    Whooping Cough .... Yes ___ No ___ Year ___
    Scarlet Fever .... Yes ___ No ___ Year ___
    Other: ______ Yes ___ No ___ Year ___
14. Allergies:
    Asthma .... Yes ___ No ___ Year ___
    Insects/Bee Sting .... Yes ___ No ___ Year ___
    Hay Fever .... Yes ___ No ___ Year ___
    Poison Oak .... Yes ___ No ___ Year ___
    Other: ______ Yes ___ No ___ Year ___
15. Tonsils/Adenoids removed .... Yes ___ No ___ Year ___
16. Currently taking medication or shots .... Yes ___ No ___ Year ___
17. Premature birth .... Yes ___ No ___ Year ___
18. Any other serious defects or operations .... Yes ___ No ___ Year ___

Parent's Comment on "Yes" ______

Doctor's Physical Examination

Height ______

Weight ______

Blood Pressure ______

Significant illnesses or injuries noted ______

Vision:

Satisfactory Yes No

Recommend Referral Yes No

EXAMINATION	YES	NO
Teeth/Recommend referral	___	___
Hearing: Satisfactory	___	___
Cardiovascular:		
Murmur	___	___
Rate normal	___	___
Rhythm normal	___	___
Liver, spleen, kidney, genitals normal	___	___
Hernia Present	___	___

EXAMINATION	YES	NO
Extremities normal	___	___
Spine normal	___	___
Neurological motor functions normal	___	___
Urinalysis:		
sugar normal	___	___
protein normal	___	___

Comments on unsatisfactory conditions ______

I have on this date examined the above student and recommended him/her as being physically able to participate in regularly scheduled physical education classes and to compete in the supervised athletics **NOT CIRCLED**: BASEBALL, BASKETBALL, CROSS COUNTRY, FIELD HOCKEY, FOOTBALL, GOLF, GYMNASTICS, SKIING, SOCCER, SOFTBALL, SPEED-A-WAY, SWIMMING, TENNIS, TRACK, VOLLEYBALL, WRESTLING*, OTHER ______

*This boy may be permitted weight loss to make a lower weight class in WRESTLING. Yes ___ No ___

If "Yes", may lose ___ pounds (Grades 9-12)

Date ______

______ Signature of Examining Physician

Original: Coach
2nd Copy: Activity Coordinator
3rd Copy: Physician

Note: Physician is licensed by Oregon State Board of Medical Examiners

ANNUAL ATHLETIC FORM

SCHOOL YEAR 19___19___

Student Name ______________________________ Grade ________ School ______________

Home Address ______________________________ Student's DOB ___________ Sex M ___ F ___

Parent/Guardian Name ______________________________ Telephone, Home ___________, Work ___________

Emergency Contact Person ______________________________ Address ______________________________

Telephone, Home ______________________, Work ______________________

Check the following information about the student:

1. Past concussions yes ___ no ___ year ___
   Past skull fracture yes ___ no ___ year ___
2. Neck Injury yes ___ no ___ year ___
3. History of muscle, bone or joint disease. yes ___ no ___ year ___
4. Glasses or contact lenses worn yes ___ no ___ year ___
5. Rheumatic Fever yes ___ no ___ year ___
6. Kidney Disease yes ___ no ___ year ___
7. Fainting Spells yes ___ no ___ year ___
8. Epilepsy or other convulsive disorders or seizures yes ___ no ___ year ___
9. Allergies:
   - asthma yes ___ no ___ year ___
   - bee sting yes ___ no ___ year ___
   - hay fever yes ___ no ___ year ___
   - other, (describe)

"STUDENT ATHLETES ARE REQUIRED TO HAVE CASTROPHIC INSURANCE IN ADDITION TO PRIVATE OR SCHOOL INSURANCE."—**Note: The preceeding statement is local district optional.**

1. VERIFICATION OF INSURANCE PURCHASED AT THE SCHOOL:

CATASTROPHIC ________ COMPANY ______________________________

SIGNATURE OF AUTHORIZED SCHOOL OFFICIAL ______________________________ **DATE** ________

SCHOOL INSURANCE PROGRAM COMPANY ______________________________

___ SCHOOL TIME INSURANCE (all sports except football) ___ TWENTY FOUR HOUR INSURANCE

___ FOOTBALL INSURANCE

SIGNATURE OF AUTHORIZED SCHOOL OFFICIAL ______________________________ **DATE** ________

2. VERIFICATION OF PRIVATE INSURANCE BY PARENT/GUARDIAN:

COMPANY ______________________________ POLICY NUMBER ______________

My son/daughter is fully covered by the above named insurance company and the school will not be liable for any injury that occurs during athletic activities or travel for activities.

SIGNATURE OF PARENT/GUARDIAN ______________________________ **DATE** ________

3. AUTHORIZATION TO PARTICIPATE AND FOR SCHOOL OFFICIALS TO OBTAIN MEDICAL AIDE:

I give my permission for ____________________ to participate in the following sports programs ______________ ______________________________ and for school officials to obtain medical aide for my son/daughter.

SIGNATURE OF PARENT/GUARDIAN ______________________________ **DATE** ________

Family Physician ______________________________ City ______________ Telephone ______________

MEDICAL REPORT FOR STUDENTS (GRADES K-12)

THIS SECTION TO BE FILLED IN BY PARENT BEFORE PHYSICAL EXAMINATION

____
(School to be attending) (Grade)

Pupil's Name ______________________ Sex M F Birthdate ______________________
(Last) First (Month) (Day) (Year)

Address ______________________ Phone ______________________
(Street or Rural Route) (Town)

Parent/Guardian ______________________ Physician ______________________

Check the following information about your child:

1 Head/neck injuries Yes* _____ No _____ Year _____
2 Muscle bone or joint disease Yes* _____ No _____ Year _____
3 Scoliosis Yes* _____ No _____ Year _____
4 Loss or seriously impaired vision in one eye? Yes* _____ No _____ Year _____
5 Hearing problem Yes* _____ No _____ Year _____
5 Pneumonia Yes* _____ No _____ Year _____
7 Hernia Yes* _____ No _____ Year _____
8 Diabetes Yes* _____ No _____ Year _____
9 Fainting spells Yes* _____ No _____ Year _____
10 Epilepsy/seizures Yes* _____ No _____ Year _____
11 Streptococcus infection Yes* _____ No _____ Year _____
12 Rheumatic fever Yes* _____ No _____ Year _____
13 Kidney disease Yes* _____ No _____ Year _____
14 Mononucleosis Yes* _____ No _____ Year _____
15 Chickenpox Yes* _____ No _____ Year _____
16 Insect/bee sting reaction Yes* _____ No _____ Year _____
17 Asthma Yes* _____ No _____ Year _____
18 Hay fever Yes* _____ No _____ Year _____
19 Food allergy Yes* _____ No _____ Year _____
20 Skin allergy Yes* _____ No _____ Year _____
21 Currently taking medication or shots Yes* _____ No _____ Year _____
22 Previous operations Yes* _____ No _____ Year _____
23 Any other serious problems Yes* _____ No _____ Year _____

Comment on "Yes"* ____

BEHAVIOR AND ANY PHYSICAL OR EMOTIONAL PROBLEMS: ____

____

DOCTOR'S PHYSICAL EXAMINATION

Height ______________

Weight ______________

Blood Pressure ______________

Vision with glasses/contacts ☐

Vision without glasses ☐

R 20/ ________ L 20/ ________

Immunization Summary	Last Dose Month/Year	Given Today
Diphtheria		
Whooping cough		
Tetanus		
Polio		
Sabin-oral		
Salk		
Measles (Vaccine)		
Mumps (Vaccine)		
Rubella (Vaccine)		

Examination	Satisfactory	Unsatisfactory
Teeth		
Hearing		
Cardiovascular		
Respiratory		
Liver, spleen, kidney, hernia, genitals		
Extremities		
Orthopedic/posture		
Neurological		
Skin		

TESTS	Given Today	Results
Tuberculin		
Chest X-Ray		
Indicated lab tests		
Urine		
Blood		

Other ______________________________

Significant illnesses or injuries ____

Diagnosis ____

I have on this date examined the above student and recommend him/her as being physically able to participate in regularly scheduled physical education classes and compete in the following supervised athletics: BASEBALL, BASKETBALL, CROSS COUNTRY, FIELD HOCKEY, FOOTBALL, GOLF, GYMNASTICS, SKIING, SOCCER, SOFTBALL, SWIMMING, TENNIS, TRACK, VOLLEYBALL, WRESTLING*, OTHER ______________________

*This student may be permitted weight loss to make a lower weight class in WRESTLING Yes_____ No _____ If "Yes," may lose __________ pounds (Grades 6-12)

Date ______________________ ______________________
(Signature of Examining Physician)

NOTE — Physician is licensed by the Oregon State Board of Medical Examiners

ATHLETIC PARTICIPATION PERMIT REVERSE SIDE

ATHLETIC PARTICIPATION PERMIT

(Fill out completely)

FOLLOW THESE STEPS:

_1. Medical Exam

_2. Parent Permission

_3. Insurance Arrangements

_4. Payment of School Fees

_5. Scholastic Eligibility

NAME ______________ ______________ ______________ M( ) F( )
Last First Middle

SCHOOL LAST ATTENDED ______________ DATE ______________

NUMBER OF SUBJECTS CARRIED LAST YEAR ______________

NUMBER OF SEMESTERS COMPLETED IN GRADES 9-10-11-12:
1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 (Circle one)

EMERGENCY INFORMATION

Name of Parent or Guardian ______________

Phone where you can be reached: Father ______________ Mother ______________

Name of Physician to be called in an emergency ______________ Phone ______________

Person to contact in case of emergency and you cannot be reached

Name ______________ Relationship ______________

Address ______________ Phone ______________

PARENT OR GUARDIAN PERMIT

I want my ( ) son or ( ) daughter to have the privilege of participating in competitive school athletics.

______________, therefore, has my permission to compete in all sports approved by the
(Name of Student)
Board of Education of the local School District and to go with the coach on any regularly scheduled trips.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all player's equipment owned and issued by the school.

Please check any sport in which your son or daughter **MAY NOT** participate:

Baseball ______
Basketball ______
Cross Country ______
Field Hockey ______
Football ______
Other ______

Golf ______
Gymnastics ______
Soccer ______
Softball ______
Speed-a-way ______

Swimming ______
Tennis ______
Track & Field ______
Volleyball ______
Wrestling ______

INSURANCE ARRANGEMENTS

PLEASE CHECK ONE:

______ I have purchased the following school insurance for my child:
______ 24 Hour ______ School Day only ______ Football only ______ Dental

______ My son or daughter is fully covered by insurance carried by his parents or guardian and the school will not be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic contests.

Name of the company with which insured ______________

Date ______________ ______________
(Signature of Parent or Guardian)

SCHOOL FEES: School fees have been paid. Yes ______ No ______

ELIGIBILITY requirements have been met. Yes ______ No ______

____
(Signature of Principal)

SCOLIOSIS INFORMATION LETTER

(For distribution to classroom teachers for reading to students prior to scoliosis screening.)

Students:

In the near future we will be having our annual posture screening and will be checking for scoliosis (a side-to-side curvature of the spine). About 10 of 100 young people your age will have such a curve.

The screeing is simple and takes only 30 seconds. You will be checked while standing tall and then bent over as if to dive into a pool. The boys will be checked without their shirts. Girls may wear a halter or swim suit top under school clothing since they will have to remove their blouses.

If you have signs of this curve, it does not mean that you have a serious problem. We will encourage you to either see your own physician or a doctor who will be coming to this school for rescreening a few weeks later. If further examination is then needed, normally x-rays are taken and special exercises may be prescribed. A curvature of the spine in the majority of cases will not affect anything you do. You will not feel any different, and you can continue to participate in swimming, gymnastics, football or whatever you like.

This screening is a preventive measure.

SCOLIOSIS SCREENING

(Sample letter to notify parents prior to scoliosis screening)

Dear Parents:

This school year Posture Screening for all ________________ grade students will be conducted with the assistance of your Registered Nurse from ________________ Education Service District School Health Services on or during ________________.

If necessary you will be notified of a second screening to be conducted without charge at the school by a physician. Or you may, of course, prefer to take your student to your own health care provider for further examination, at your own expense.

> The scoliosis screening procedure is simple: The Registered Nurse and/or those assisting her looks at each student's back while she/he is in a standing position and then in a bending forward position. Girls may wish to wear a halter top or swimming suit top under their clothes for screening days, as it is necessary to remove shirts/blouses in order to visualize the back. A private area is provided for each student for posture screening.
>
> Scoliosis, a side to side curvature of the spine, is not contagious. It is a disorder which frequently runs in families and occurs from a variety of causes. It can result in severe handicapping problems if undetected and untreated.
>
> Recent statistics show that during the rapid growth period, approximately ten to thirteen years of age, many posture problems first become apparent. Approximately seven to ten percent of the students in this age group develop scoliosis.

IF YOUR STUDENT IS ALREADY UNDER CARE FOR SCOLIOSIS OR IF YOU DO NOT WISH YOUR STUDENT TO TAKE PART IN THE INITIAL SCREENING PROCESS, PLEASE NOTIFY THE SCHOOL IN WRITING OR BY TELEPHONE.

Any further questions may be directed to your Registered Nurse ____________________.

Sincerely,

____

Principal

SCOLIOSIS SCREENING PROCEDURE

(To be completed on all students having signs of posture asymmetry and needing further physician screening. Physician completes lower portion at time of volunteer MD screening.)

SCHOOL:____________________

NAME:____________________ ADDRESS:____________________

BIRTHDATE:__________ GRADE:______ PARENT'S NAME:______________

HOME PHONE:__________ ALTERNATE PHONE:__________ DATE:__________

CHECKLIST FOR THE EXAMINER

1. Observe Back: Both sides of back should be absolutely symmetrical.

Position: Standing erect, feet together, arms hanging straight down, examiner seated.

_____ Head rotated toward one side.

_____ Shoulder level unequal? _____ Hip level unequal?

_____ Waist unequal? _____ One shoulder blade more prominent than other?

_____ Distances between arms and body unequal?

Position: Forward bending.

_____ Difference in level between two sides of the back?

_____ Hump on one side of the back?

_____ Compensating hump on other side of lower back?

2. Comments:______________________________

3. Presently under care of:____________________

Examiner's Signature

FOR PHYSICIAN SCREENING IN SCHOOL

1. Findings/Comments:______________________________

2. Recommendations:______________________________

Doctor's Signature Date

Scoliosis Screening Record

NAME ______________________________

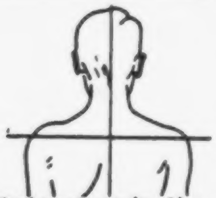
SCHOOL ______________________________

SEX ______________

Grade	4	5	6	7	8	9	10	11	12
Rater's Initials									
Date of Test									

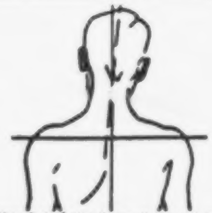
POSTURE RATING CHART

5



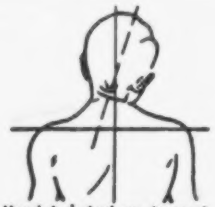
Head erect gravity line passes directly through center

3



Head twisted or turned to one side slightly

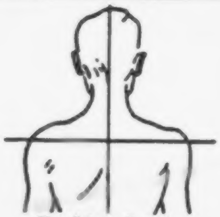
1



Head twisted or turned to one side markedly

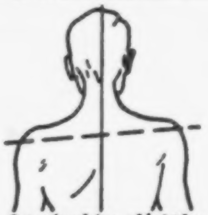
4 5 6 7 8 9 10 11 12

5



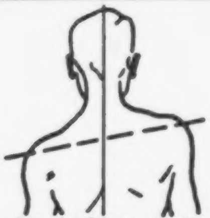
Shoulders level (horizontally)

3



One shoulder slightly higher than other

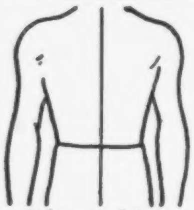
1



One shoulder markedly higher than other

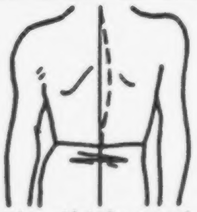
4 5 6 7 8 9 10 11 12

5



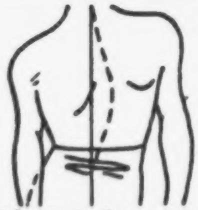
Spine straight

3



Spine slightly curved laterally

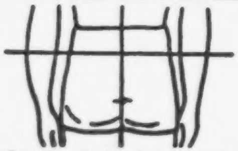
1



Spine markedly curved laterally

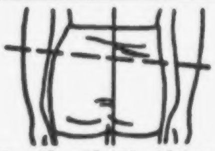
4 5 6 7 8 9 10 11 12

5



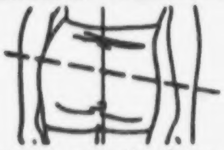
Hips level (horizontally)

3



One hip slightly higher

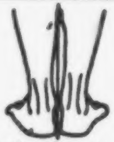
1



One hip markedly higher

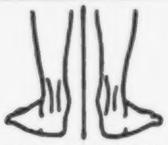
4 5 6 7 8 9 10 11 12

5



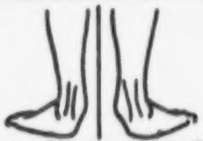
Feet pointed straight ahead

3



Feet pointed out

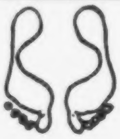
1



Feet pointed our markedly ankles sag in (pronation)

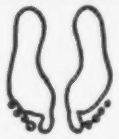
4 5 6 7 8 9 10 11 12

5



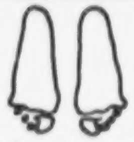
Arches high

3



Arches lower, feet slightly flat

1

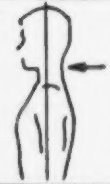
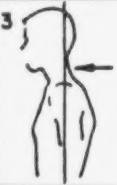
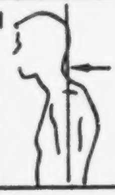
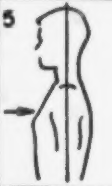
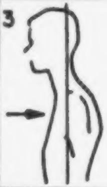
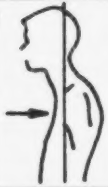
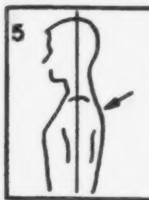
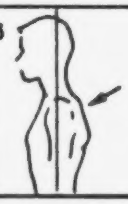
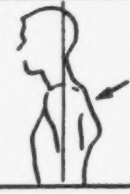
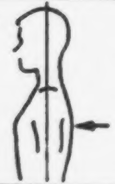
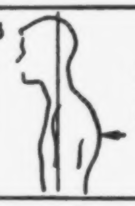
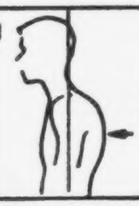
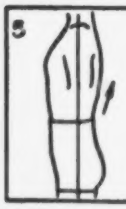
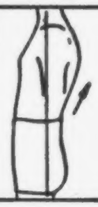
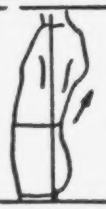
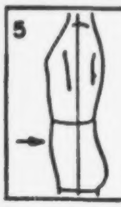
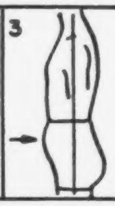
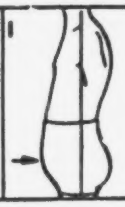
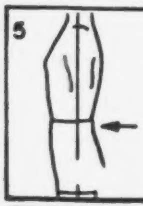
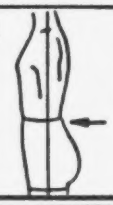
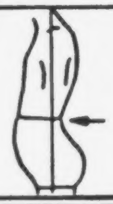


Arches low, feet markedly flat

4 5 6 7 8 9 10 11 12

Total Page One ☐☐☐☐☐☐☐☐☐

Grade	4	5	6	7	8	9	10	11	12
Total Page One									

5  Neck erect, chin in, head in balance directly above shoulders	3  Neck slightly forward, chin slightly out	1  Neck markedly forward, chin markedly out	4 5 6 7 8 9 10 11 12
5  Chest elevated breastbone furthest forward part of body	3  Chest slightly depressed	1  Chest markedly depressed (flat)	4 5 6 7 8 9 10 11 12
5  Shoulders centered	3  Shoulders slightly forward	1  Shoulders markedly forward (shoulder blades protruding in rear)	4 5 6 7 8 9 10 11 12
5  Upper back normally rounded	3  Upper back slightly more rounded	1  Upper back markedly rounded	4 5 6 7 8 9 10 11 12
5  Trunk erect	3  Trunk inclined to rear slightly	1  Trunk inclined to rear markedly	4 5 6 7 8 9 10 11 12
5  Abdomen flat	3  Abdomen protruding	1  Abdomen protruding and sagging	4 5 6 7 8 9 10 11 12
5  Lower back normally curved	3  Lower back slightly hollow	1  Lower back markedly hollow	4 5 6 7 8 9 10 11 12

TOTAL RAW SCORE 4 5 6 7 8 9 10 11 12

TO OBTAIN TOTAL RAW SCORE

1. Determine the score for each of the above 13 items as follows:
   5 points if description in left hand column applies
   3 points if description in middle column applies
   1 point if description in right hand column applies
2. Enter score for each item under proper grade in the scoring column
3. Add all 13 scores and place total in appropriate space

PARENT NOTIFICATION OF SCOLIOSIS SCREENING RESULTS

(Note: This form provided in two-part NCR.)

STUDENT'S NAME:______________________________ DATE:________________________

GRADE:________ TEACHER:______________________ SCHOOL:______________________

Dear Parent/Guardian:

Your student participated today in a screening for curvature of the spine.

_____ Today's screening results are within normal limits.

_____ Today's screening results suggest need for further evaluation.

_____ Your child indicates he/she is under care for scoliosis. Please complete the attached form to help us keep your child's record at school current.

If you have questions, please feel free to call the nurse at school.

FOLLOW-UP REPORT FROM SCOLIOSIS REFERRAL

DATE:______________________

Dear Parent/Guardian:

Earlier this year, a letter was sent to you regarding ________________________ need for an orthopedic evaluation and x-ray after a posture screening conducted by a doctor at __________________________ School. We would appreciate your sharing with us how this problem has been resolved, or if you wish further assistance in locating medical care.

If your child has been seen by a physician, please complete the enclosed form and return as soon as possible.

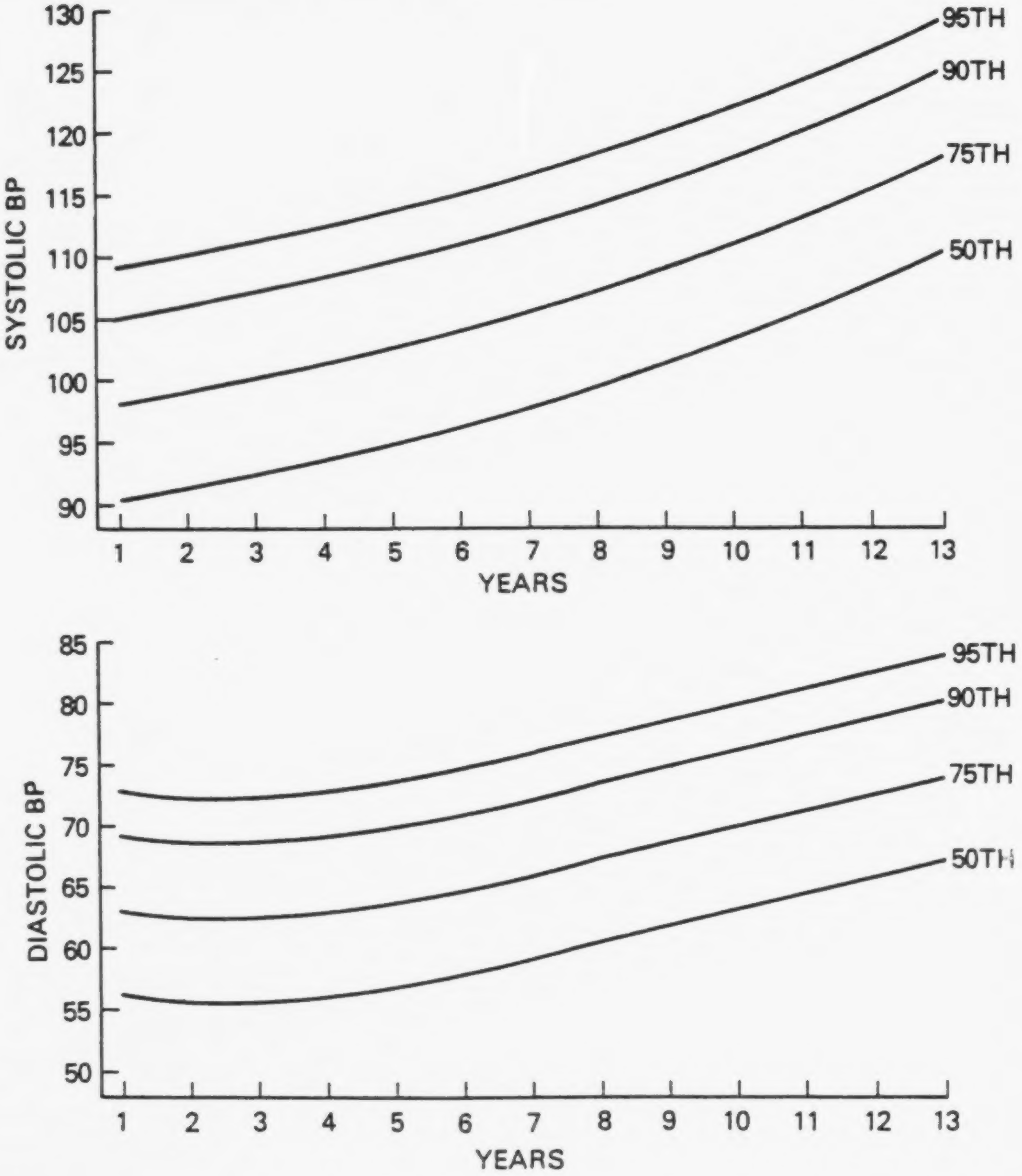
Thank you.

Sincerely,

School Health Services

FIGURE 3

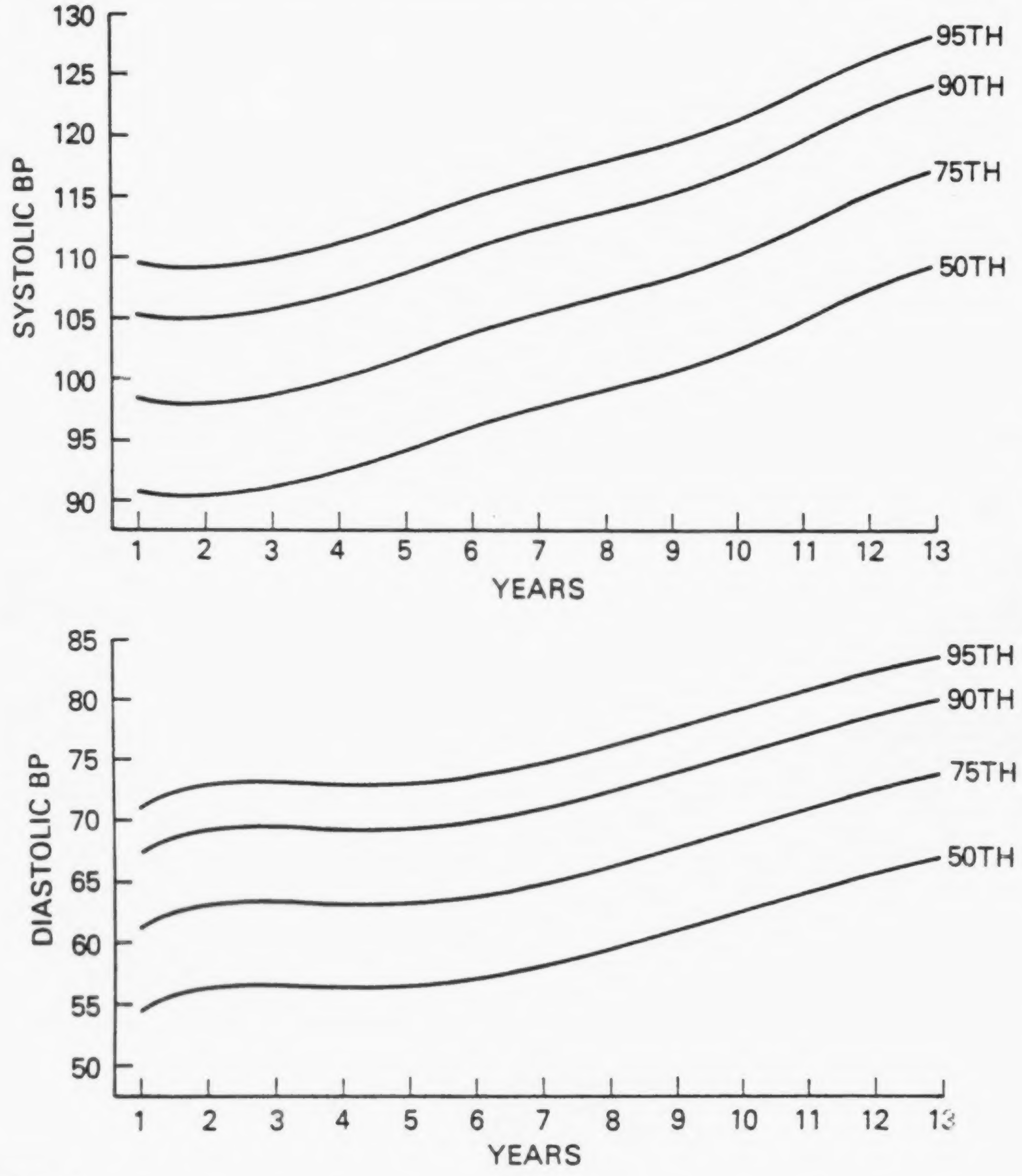
AGE-SPECIFIC PERCENTILES OF BLOOD PRESSURE MEASUREMENTS IN BOYS AGES 1 YEAR TO 13 YEARS



90TH PERCENTILE													
SYSTOLIC BP	105	106	107	108	109	111	112	114	115	117	119	121	124
DIASTOLIC BP	69	68	68	69	69	70	71	73	74	75	76	77	79
HEIGHT CM	80	91	100	108	115	122	129	135	141	147	153	159	165
WEIGHT KG	11	14	16	18	22	25	29	34	39	44	50	55	62
YEARS	1	2	3	4	5	6	7	8	9	10	11	12	13

FIGURE 4

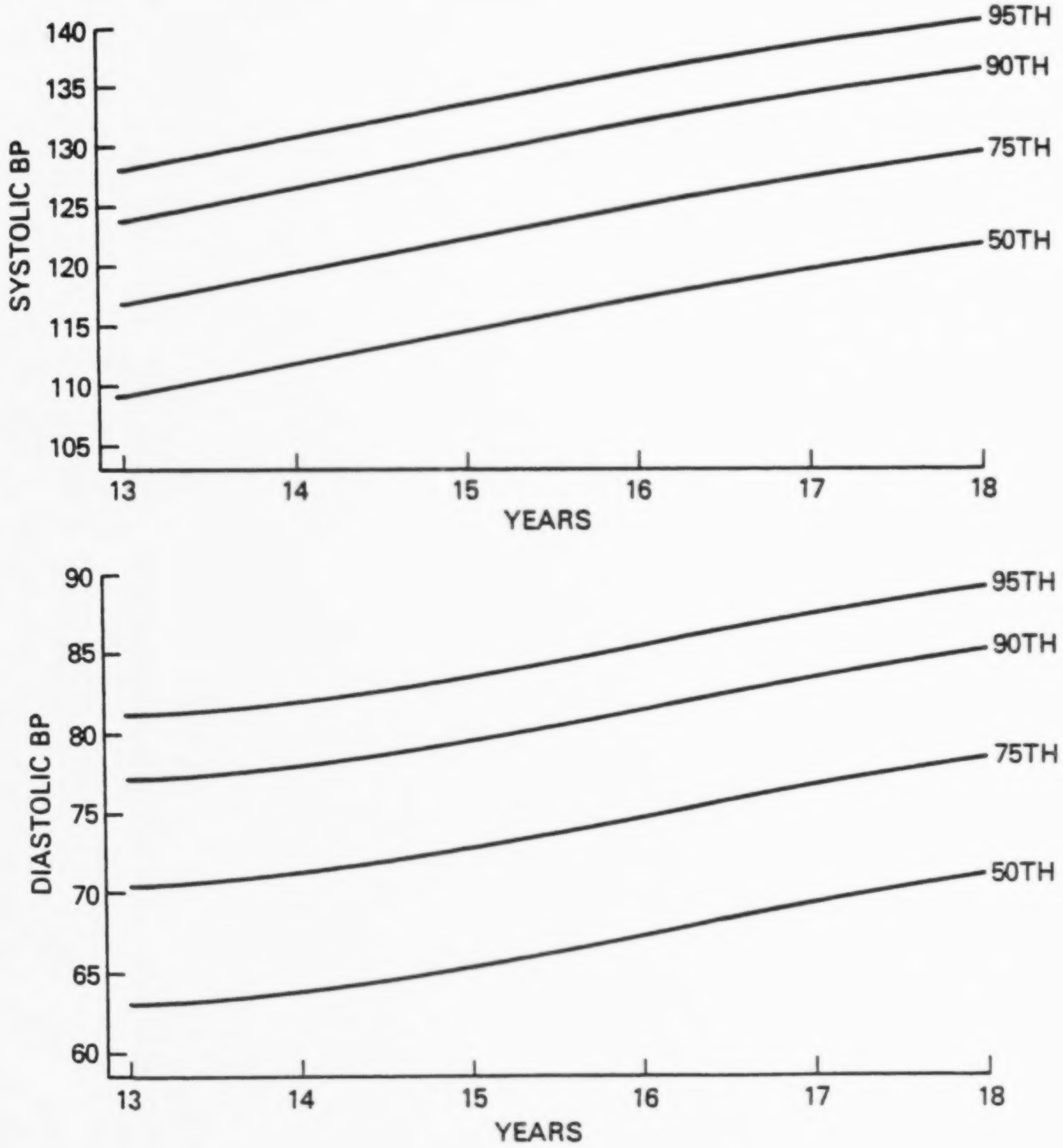
AGE-SPECIFIC PERCENTILES OF BLOOD PRESSURE MEASUREMENTS IN GIRLS AGES 1 YEAR TO 13 YEARS



90TH PERCENTILE													
SYSTOLIC BP	105	105	106	107	109	111	112	114	115	117	119	122	124
DIASTOLIC BP	67	69	69	69	69	70	71	72	74	75	77	78	80
HEIGHT CM	77	89	98	107	115	122	129	135	142	148	154	160	165
WEIGHT KG	11	13	15	18	22	25	30	35	40	45	51	58	63
YEARS	1	2	3	4	5	6	7	8	9	10	11	12	13

FIGURE 5

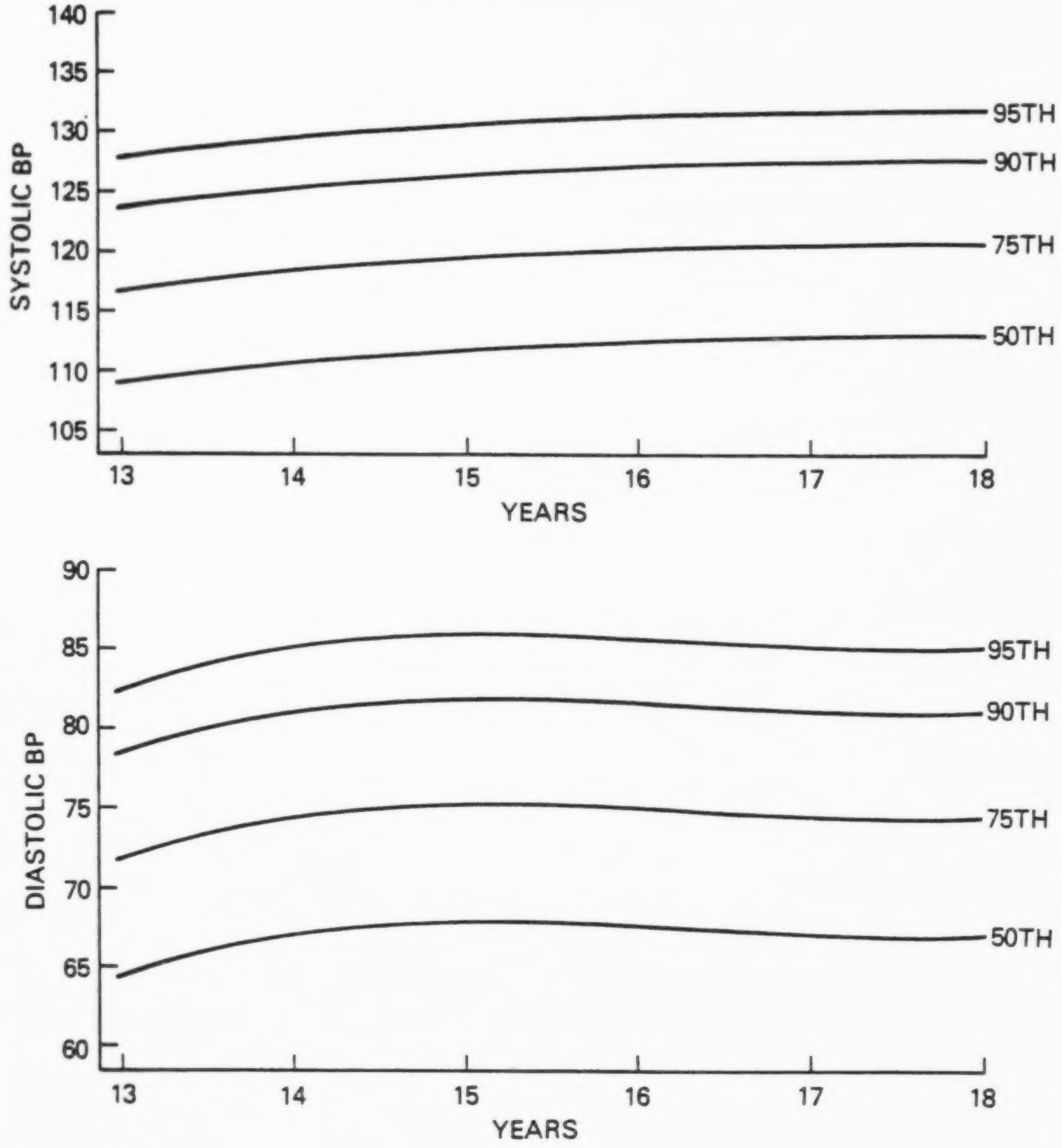
AGE-SPECIFIC PERCENTILES OF BLOOD PRESSURE MEASUREMENTS IN BOYS AGES 13 TO 18 YEARS



90TH PERCENTILE						
SYSTOLIC BP	124	126	129	131	134	136
DIASTOLIC BP	77	78	79	81	83	84
HEIGHT CM	165	172	178	182	184	184
WEIGHT KG	62	68	74	80	84	86
YEARS	13	14	15	16	17	18

FIGURE 6

AGE-SPECIFIC PERCENTILES OF BLOOD PRESSURE MEASUREMENTS IN GIRLS AGES 13 TO 18 YEARS



90TH PERCENTILE						
SYSTOLIC BP	124	125	126	127	127	127
DIASTOLIC BP	78	81	82	81	80	80
HEIGHT CM	165	168	169	170	170	170
WEIGHT KG	63	67	70	72	73	74
YEARS	13	14	15	16	17	18

ACCIDENT/EMERGENCY REPORT

(Note: This form is provided in two-part NCR.)
To be completed whenever Rescue Unit is called.
Have transporting rescue person sign.

NAME:______________________________ SCHOOL:____________________________

ADDRESS:____

ER CONTACT PERSON:__________ H:__________ W:\__________

HEALTH HX:

HX of accident/emergency (including time and date):

____

____

____

____

*Observations:

Subjective:

Objective: Vitals - B/P_______________ P__________ R__________

Intervention:

911 called by:__________________________ Time:____________

Parents/Other notified by:__________________________ Time:____________

ER response at:____________________ ____________________________________
Time Signature of Rescue Personnel

*Attach head injury checklist if injury was to head, neck, face.

____
Signature of Person Completing Form

PARENT NOTIFICATION OF MINOR ACCIDENT/INJURY

(Note: This form is provided in two-part NCR.)
To be used to inform parent of illness/injury concern. Health worker must call RN team leader or nurse consultant before sending letter.

DATE: ______________________________

Dear Parent/Guardian of ______________________:

Because you were not able to be reached by phone today, this letter is being sent home to notify you that:

____

____

____

____

____

If you have any questions about this, please feel free to call your school's nurse, ______________________, at the school, or School Health Services at ______________.

Sincerely,

____

White copy to parent
Yellow copy to R.N.

Parent Contact Regarding Students with Allergies

Date ____________________ School ____________________ Grade ________________

Dear Parent/Guardian:

We are reviewing health records for students with severe allergy problems. Please help us by completing this form and returning it to school if your child has severe allergies and may need assistance at school.

In the event your student has an allergic reaction at school, he/she will be given first aid and you will be notified immediately. The rescue squad will be requested to respond if necessary.

Thank you,

____

****

Student's name ______________________________ Birthdate ________ Home Phone: __________

Parent's name ______________________________ Work Phone-Mother: ________________

Address ______________________________ Work Phone-Father: ________________

If parents not available, call ________________________ (Name), ________________________ (Phone)

Physician's name ________________ Phone __________ Address ________________

Date of last medical assessment for allergy? ______________________________

Date of next scheduled doctor's appointment for allergy follow-up? ________________

A. DESCRIPTION OF ALLERGY IN YOUR STUDENT:

1. Please check what your student is allergic to. (You may check more than one.)
    - _____1. insect sting (specify type: ______________________________)
    - _____2. food (specify type: ______________________________)
    - _____3. pollens
    - _____4. dust
    - _____5. grass
    - _____6. animals
    - _____7. other (specify: ______________________________)

2. Please check which signs and symptoms are usually associated with your student's allergy attack. If you have checked more than one allergy, please place the numbers of the allergies involved beside the signs and symptoms listed below.
    - _______coughing
    - _______wheezing
    - _______shortness of breath
    - _______hoarseness
    - _______difficulty in swallowing
    - _______nausea
    - _______abdominal pain
    - _______itching
    - _______bluish color of skin/nails
    - _______swelling at local contact site (i.e., eyelid with pollen allergy, swelling about bee sting)
    - _______swelling of all body parts
    - _______swelling of tongue
    - _______loss of consciousness
    - _______rash

3. If you have checked that your student has pollen, grass, or dust allergies, please check the usual time of year the allergy reactions occur.
_____spring _____summer _____winter _____fall

B. RECOMMENDED PROCEDURES:

1. In the event that your student has any severe problems such as breathing problems lasting longer than 2 minutes, swelling of the tongue or all body parts, or loss of consciousness, the usual procedure is to:

   a. call the Rescue Unit (911) and parent.
   b. assist student to take any prescribed medication directed by you and the student's doctor for his allergic reaction.

2. If you would like us to take other steps or include additional steps in helping your student during the allergic reaction, please list the steps here.

   ____

   ____

3. Please tell us which hospital you would prefer your student be taken to if s/he needs to be transported to a hospital.______________________________

C. MEDICATION INFORMATION:

1. Name of medication?____

2. Route of administration of medication (inhaled, oral, etc.)?______________

3. At what time(s) taken?____

4. Dosage?____

5. Needed at school? Yes_____* No________
   If yes, when does medication need to be given?________________________
   *(Signed parental consent for medication and instructions signed by a physician must be on file at school and updated yearly. (See enclosed)

D. OTHER COMMENTS:

Please list any special comments/directions you wish us to be aware of regarding your student. (If there are any P.E. limitations, the doctor's written directions must be returned to school.)____

____

____

____
Parent's signature
DATE:________________

Parent Contact Regarding Students with Asthma

DATE____________________ SCHOOL________________GRADE_____

TEACHER________________________

Dear Parent/Guardian of _________________________________:
We are reviewing health records for students with asthma. You have indicated that this student has asthma. To update our health records, we need your direction as to how to help this student should he/she have an asthmatic attack at school. We would appreciate your completing the following form.

In the event this student has an asthmatic attack at school, he/she will be given emergency assistance and you will be notified immediately. The rescue squad will be called if necessary.

Student's name______________________________ Sex______Birthdate______________

Home Phone:________________

Parents_____________________________________

Work Phone-Mother:______________

Address_____________________________________

Work Phone-Father:______________

____

If parents not available, call ___________________________, ______________________
(Name) (Phone)

Physician_______________________________________Phone______________________

Address____

Date of last medical assesment for asthma?____________

Date of next scheduled doctor's appointment for asthma follow-up?________________

A. DESCRIPTION OF ASTHMA ATTACK IN YOUR STUDENT:

1. Please check which signs and symptoms are usually associated with your student's asthma attack.
   - _____coughing
   - _____wheezing
   - _____shortness of breath
   - _____fear/anxiety
   - _____bluish color of skin/nails
   - _____cannot speak whole sentences without taking breath
   - _____other:_________________________

2. Are there any known allergies associated with the asthma condition. If so please identify:____

____

3. How often do the asthma attacks occur?__________________________________

4. Please check the usual time of day when the asthma attacks occur.
_____ morning _____ afternoon _____ evening

5. Does attack start abruptly?__________ Gradually?__________
How long does attack usually last?______________________________

6. Please check if there are any conditions or circumstances that might bring on an asthma attack.
   - _____strenuous exercise
   - _____emotional stress/upset
   - _____abrupt changes in environmental temperatures (example, going from the cold temperature of outdoors to the warmth of a school building)
   - _____cold viruses or upper respiratory infections
   - _____other____________________

B. RECOMMENDED PROCEDURES:

1. In the event that your student has severe or prolonged breathing problems that last longer than 2 minutes, the usual procedure is to:
   - a. Call the Rescue Unit (911) AND parent.
   - b. Have student assume a sitting position to make breathing easier.
   - c. If student has medication with him/her at all times and knows what to take, and how to use, encourage him/her to do so.

2.. If you as a parent would like us to take other or include additional steps in helping your child during the asthma attack, please list the steps here:
____
____

3. Please tell us which hospital you would prefer your student be taken to if he/she needs to be transported to a hospital. ____________________

C. MEDICATION INFORMATION:

1. Name of medication?______________________________

2. Route of administration of medication (inhaled, oral, etc.)?______________

3. At what time(s) taken?______________________________

4. Dosage?______________________________

5. Needed at school? Yes_____ * No_______
If yes, when does medication need to be given?____________________
*(Signed parental consent for medication and instructions signed by a physician must be on file at school and updated yearly. See enclosed)

D. OTHER COMMENTS:

1. Any P.E. or other limitations specified by the doctor? (If yes, the doctor's written directions must be returned to school.) ____________________
____
____

2. Please list any other special comments/directions you wish us to be aware of regarding your student. ______________________________
____
____

____
Signature of parent
DATE:_______________

Teacher Information Regarding Students with Asthma

SCHOOL____________________________ NURSE________________________

YEAR______________________________

ASTHMATIC STUDENTS

NAME & PHONE	DOB	DOCTOR & PHONE	EMERGENCY #	PARENTS' NAME

Available to use in alerting school personnel re. students known to be diagnosed as asthmatic.

ASTHMA

SIGNS/SYMPTOMS:

A disease which causes spasms in bronchial tubes in the lungs. An attack may be brought on by an allergic reaction to food, drugs, pollen, dust, infection, exercise, or exposure to environmental temperature changes.

LOOK:

1. Difficulty in breathing, particularly on expiration, leading to overinflation of the lungs
2. Anxious appearance
3. Hyperventilating
4. Bluish color of skin/nail or mucous membranes inside eyelids/mouth

LISTEN:

1. Wheezing on expiration (sometimes almost a whistling sound)
2. Coughing, often in prolonged coughing spells.
3. "Scared" (anxiety)
4. Cannot speak whole sentence without stopping to take breath.

PROCEDURE:

1. Call the Rescue Unit immediately if breathing problem is severe or prolonged past 2 minutes.
2. A sitting position makes breathing easier.
3. If student has medication with him at all times and knows what to take, encourage him to do so if necessary. Parent/guardian should be contacted if student gets no relief from his prescribed medication; if no further relief/assistance can be accomplished at school, parent/guardian should pick up the student. DO NOT ALLOW THE STUDENT HAVING SIGNS of respiratory distress to walk home.
4. Remain calm; calmness in the first aid provider will ease the victim's feelings of anxiety. Decreased feelings of anxiety can make for less stressful breathing.
5. Stay with the student having an asthmatic attack.

TEACHER INFORMATION REGARDING STUDENTS WITH DIABETES

Available to use in alerting school personnel regarding students known to be diagnosed as diabetic.

SCHOOL:______________________ NURSE:______________________

YEAR:__________

DIABETIC STUDENTS

NAME	DOB	DOCTOR	EMERGENCY NO.	PARENT'S NAME

DIABETIC EMERGENCIES

SIGNS/SYMPTOMS

Insulin Shock
(blood sugar too low)

Caused by: Imbalance of insulin, waiting too long between meals, too much exercise, too little food. May develop quickly, in a matter of minutes.

1. Mood changes, irritable, crying, confused, inappropriate responses
2. Headache
3. Pale, moist, clammy skin, cold sweat
4. Shaky, nervous
5. Nausea
6. Dizziness
7. Drowsiness, fatigue
8. Speech difficulty
9. Numbness, tingling lips/tongue
10. Blurred vision.
11. May lose consciousness; fainting, seizure, coma

Diabetic Coma
(blood sugar too high)

Caused by: Too much food, too little insulin, illness with fever or infection. Develops gradually, over hours, days, or even weeks.

1. Sickly sweet breath odor (fruity)
2. Extreme thirst, very dry mouth
3. Frequent urination
4. Weakness, feeling tired
5. Restless, confused, irritable
6. Warm, very dry skin, itching
7. Nausea, vomiting
8. Abdominal pain
9. Deep, rapid breathing
10. Air hunger
11. Blurred vision
12. May gradually lapse into coma

PRECAUTIONS

1. Never give insulin.
2. If unsure whether problem is low blood sugar or high blood sugar, give sugar and seek aid.
3. Never attempt to give food or liquid to a student who is unconscious or having a seizure.

PROCEDURES

Insulin Shock

1. If conscious, give one of the following:
    - plain orange juice--4 oz.
    - pop (not diet)--3 oz.
    - sugar--2 pkgs, 5 sm. cubes, or 2 tsp.
    - Lifesavers--5, or gumdrops--10 sm.
2. If symptoms do not improve in 15-20 minutes, repeat the feeding.
3. If no improvement after second feeding, the parent or physician should be called.
4. If parent cannot be reached, call nurse.
5. If student is unconscious, call 911 for transportation to a medical facility.

Diabetic Coma

1. Monitor airway, breathing, circulation.
2. Call 911 for evaluation and/or transportation to a medical facility.
3. Notify parents at once.
4. Stay with student and keep him lying down and warm until medical help arrives.

NOTIFICATION REGARDING HEAD INJURY

(Note: This form is provided in two-part NCR.)
To be sent home to all parents/guardians with student incurring a head injury. Phone contact with parents is to be attempted at time of incident. Health worker will contact team leader or nurse consultant for directions on completing form.

DATE: ______________________________

Dear Parent or Guardian of __________________________:

I am sending this letter home to notify you that ___________________________

____

____

____

____

Sincerely,

____

If you have any questions about this, please feel free to call the school nurse, ________________________, at ________________.

HEAD INJURIES

MOST HEAD INJURIES ARE MINOR AND ARE NOT ASSOCIATED WITH SERIOUS AFTER EFFECTS. IT IS IMPORTANT TO WATCH YOUR STUDENT CAREFULLY FOR 24-48 HOURS AFTER A HEAD INJURY FOR SIGNS THAT MAY INDICATE A SERIOUS AFTER EFFECT.

IF ANY OF THE SYMPTOMS LISTED BELOW DEVELOP, CALL YOUR DOCTOR OR EMERGENCY ROOM OF THE NEAREST HOSPITAL:

1. Deep sleep from which it is difficult to waken the child. NOTE: It is not necessary to keep the child awake during regular sleep hours, but it is advisable to check every two hours to see how easily he/she can be awakened.
2. Difficulty breathing.
3. Blood or clear fluid draining from mouth, nose, ears, or eyes.
4. Persistent or forceful vomiting.
5. Appearing to be dazed, dizzy; change in behavior.
6. One pupil (black part of eye) larger than the other.
7. Convulsions, trembling, or jerking of body, arms, and legs.
8. Complaints of headache or double or blurred vision.

PARENT CONTACT LETTER REGARDING STUDENTS WITH SEIZURE DISORDER

SCHOOL:______________________ GRADE:__________ DATE:________________________

TEACHER:_________________________

Dear Parent or Guardian:

We are reviewing health records for students with health problems. It has been indicated that your child has a seizure disorder. To update our health records, we need your direction as to how to help your child should he/she have a seizure at school, and would appreciate you completing the following form.

In the event your child has a seizure at school, he/she will be given first aid and you will be notified immediately. The rescue squad will be called, if necessary.

STUDENT'S NAME:___________________________ SEX:_____ BIRTHDATE:_____________

PARENT'S ADDRESS:_________________________ HOME PHONE:________________________

____ WORK PHONE-MOTHER:_________________

____ WORK PHONE-FATHER:_________________

If parents are not available, call:___________________________ ____________
Name Phone

PHYSICIAN:_____________________________________ PHONE:_________________________

ADDRESS:____

A. DESCRIPTION OF SEIZURES:
   1. What does the major seizure activity look like? ______________________

   ____

   ____

   2. How often do seizures occur? ____________________________________

      What is the usual time of day? __________________________________

   3. What has been the length of the longest seizure? __________________

   4. Are there any warning signs; e.g., aura? ____________________________

   ____

Teacher Information Regarding Students with Seizure Disorders

SCHOOL____________________ NURSE____________________

YEAR____________________

STUDENTS WITH SEIZURES/CONVULSIVE DISORDERS (Epilepsy)

NAME & PHONE	DOB	DOCTOR & PHONE	EMERGENCY #	PARENTS' NAME
1.				
2.				
3.				
4.				
5.				

INTERVENTION: SEIZURES/CONVULSIVE DISORDERS (Epilepsy)

1. Stay with the student throughout the seizure. It isn't generally necessary to call the Rescue Unit unless the attack is followed almost immediately by another major seizure, or if the seizure lasts more than about 10 minutes, or if the child stops breathing for longer than 2 minutes.
2. Do not try to restrain the student; there is nothing you can do to stop a seizure once it has begun. It must run its course.
3. Loosen clothing that is tight around the neck. Clear the area around him so that he does not injure himself on hard or sharp objects. Try not to interfere with his movements in any way.
4. Do not force anything between his teeth; do not put anything into his mouth.
5. Turn the student onto his side so the saliva will flow out of his mouth.
6. Remain calm. Other students will assume the same emotional reaction as the person administering help. The seizure is painless to the student.
7. When the seizure is over, let the student rest if he needs to. A patient recovering from a grand mal attack may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last for only five or ten minutes, or it may persist for hours. The child is not responsible for his behavior during this period, and disciplining him is useless.
8. The student's parents should be informed of the seizure and should pick up a child displaying the persistent abnormal behavior listed in #7.

EMERGENCY PLAN FOR MEDICALLY AT RISK STUDENTS

School ______________________ Parent's Name ______________________

Date ______________________ Address ______________________

Student ______________________ Phone ______________________

Date of Birth ______________________

TO SCHOOL PERSONNEL: RE: ______________________

Medical Diagnosis: ______________________

Describe Possible Emergency Symptoms: ______________________

____

____

Current Medication: ______________________

____

Allergies: ______________________

____

If this reaction occurs at school, I request the following steps be taken:

Step 1. ______________________

Step 2. ______________________

Step 3. ______________________

Step 4. ______________________

I may be reached at ______________ (home) ______________ (work)

or please contact ______________ (name) ______________ (phone)

______________ (name) ______________ (phone)

Doctor's name: ______________ Phone: ______________

Dentist's name: ______________ Phone: ______________

I authorize the school to obtain transport and/or obtain medical services from any doctor (M.D., D.D. or Dentist for my child). _____ Yes _____ No

______________________ ______________________
Parent/Guardian Date

Staff Will Update Information Every Year. This Information Is Valid For One School Year Only.

Teacher Information Regarding Students with Insect Sting Reactions/Allergies

SCHOOL____________________ NURSE____________________

YEAR____________________

STUDENTS WITH INSECT STING ALLERGIES

	STUDENT'S NAME	PHONE	STUDENT'S USUAL REACTION	Prescribed Intervention
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

INSECT STING PROTOCOL

1. For severe reaction, **do not move** student, have someone call **911** and then the parent, and have trained personnel take ANA-KIT **to** student if following symptoms are observed:

   ° Difficulty in or absence of breathing/tightness of chest.
   ° Swelling or hives - especially of head/face; itching.
   ° Difficulty in swallowing.
   ° Fainting; collapse; dizziness.

2. **All** students who have been stung are to be observed for at least 30 minutes for possible serious reaction. During this time:

   ° Flick stinger (if present) from site by scraping with fingernail. Do not squeeze it out.
   ° Apply ice (wrapped in cloth) to sting site.
   ° Notify parent.

3. If student is conscious and able to swallow, administer oral medication if previously requested and provided by parent. Do not rely on oral medication if student is exhibiting any of the serious symptoms listed above.

Notice of Exclusion

(NOTE: This is provided in three-part NCR.)

(To be sent with all students excluded per Health Department criteria
and requiring medical diagnosis for C.D.)

Dear ______________________________ Date ______________________________
(Parent or Guardian)

______________________________ was seen in the health room because of an observed

____

____

Because this is a sign of a possible communicable disease, it is necessary for your student to be seen as soon as possible by a physician who can diagnose and prescribe treatment if necessary. The doctor must complete the bottom part of this form before your student can return to school. We urge you to seek medical care as soon as possible. If you have no health care provider, your student may be seen at the nearest Multnomah County Health Clinic. (A fee will be charged according to ability to pay.)

____
Signature

THIS FORM MUST BE PRESENTED AT THE SCHOOL OFFICE BEFORE YOUR
STUDENT MAY RETURN TO SCHOOL.

Student's Name ______________________________

Address ______________________________ School ______________________________

Diagnosis ______________________________

Currently Infectious: Yes _______ No _______

Treatment ______________________________

Follow-up Necessary ______________________________ On: ______________________________
(Date)

Date May Return to School ______________________________
(This indicates date no longer communicable to others)

Today's Date ______________ ______________________________
(Doctor's Signature)

______________________________ ______________________________
(phone) (Doctor's Printed Name)

____
(address)

White copy: parent
Yellow copy: R.N.
Pink copy: Principal

TUBERCULOSIS OVERVIEW

by W. E. Good, PhD
TB Program - OHD
9 Feb 1988

A century ago tuberculosis (TB) was a leading cause of death in the United States. However, the efforts of researchers, physicians, and public health officials, as well as improvements in living conditions and the introduction of effective drug therapy have led to a dramatic and steady decline in TB deaths in the United States over the past 40 years.

Because of this decline, many people do not realize that TB is still an important cause of illness and death in this country. In the United States, about 2,000 persons die from TB annually. In 1987, 22,014 cases of TB were reported to the Centers for Disease Control. This number includes people with recurrences as well as those with new "active" infectious disease.

Since 1985, the rate of decrease in the number of cases has slowed. One possible reason for this slowdown is that some persons with acquired immunodeficiency syndrome (AIDS) have become infectious with TB. Other reasons are increases in numbers of immigrants from areas such as southeast Asia, where the disease is widespread, and tuberculosis outbreaks among the homeless.

Transmission

TB is caused by rod-shaped bacteria belonging to the mycobacteria family. In humans the major agent responsible for causing disease is Mycobacterium tuberculosis, the tubercle bacillus.

TB is predominantly an air-borne disease. The tubercle bacilli are coughed, sneezed, or otherwise put into the air in contaminated droplets by a person with "active" disease. These discharges are normally harmless to others because the large particles fall to the ground, are filtered out by the hairs in the nose, or are removed from the larger air passages by the bronchial cilia (microscopic hairlike projections in the bronchial tubes).

However, the dried residues of these contaminated droplets--known as "droplet nuclei"--may remain suspended in the air for a prolonged period of time, ready to be inhaled by a susceptible individual. This means that the area an infectious person has occupied may remain potentially contagious for a brief time even in his/her absence. The nuclei are small enough to bypass the natural defenses of an individual's upper respiratory passages and to reach the alveoli,the minute air sacs of the lungs located at the end of the "bronchial tree". This is where infection begins.

Infection usually occurs after prolonged exposure to someone with "active" infectious disease, such as in classrooms among teachers and students or in the home environment among family members. Crowded living conditions promote spread of infection. In fact, studies of epidemics in "closed environments" such as boarding schools, mental institutions, and prisons show that one person with active disease can infect virtually all susceptible persons in his/her immediate surroundings.

Primary Infection

After the tubercle bacilli are inhaled, they begin to multiply very slowly in the body. Some remain at the initial site of infection, the alveoli, while others enter the nearby lymph nodes and bloodstream. Within a few days, the bacteria are carried to most parts of the body.

During the first stage, white blood cells called phagocytes attack and destroy the bacilli in the bloodstream. But bacilli outside the bloodstream, especially in the lungs, flourish and continue to grow. Two to ten weeks after initial infection, the individual develops "tuberculin hypersensitivity". This is simply an allergic reaction in which specific white blood cells, called lymphocytes, react to the tubercle bacillus or to its proteins, known as "tuberculin". These same proteins--after being killed, broken up, and dried--are used in the "tuberculin skin test" to detect infection in an individual. Once this allergic reaction is established as positive, the infected person will always give a positive reaction to a tuberculin skin test.

The response of the lymphocytes to tuberculin promotes localized inflammation and the activation of a particular type of phagocyte, called a macrophage. When the bacilli are engulfed by macrophage, they in turn are surrounded by layers of other cells to form the characteristic mass of cell, or tubercle nodules, which gives TB its name. This initial lesion is called a primary tubercle. Some of the bacilli in the macrophage die; others remain dormant for many years. More than 90 percent of persons who react to the tuberculin skin test have no signs or symptoms of illness. Occasionally, however, there may be a slight fever or a general feeling of discomfort as tuberculin hypersensitivity develops.

Infectious Disease

The disease may become "active" infectious disease immediately after initial infection or, more commonly, many years later. The most severe form of disease occurs when bacilli spread beyond the lungs to other organs, such as bones and kidneys. Dissemination with multiple tubercles in lungs, liver, and other organs is called miliary TB. Tuberculous meningitis, involving the membrane lining the brain, is a serious complication of miliary TB. The most common form of disease is referred to as pulmonary TB which involves the lungs.

Symptoms and Diagnosis

"Active" infectious TB is marked by gradual onset, with vague symptoms that may go unnoticed by the individual. These may include fatigue, nervous irritability, weight loss, fever, chills, night sweats, loss of appetite, or a "cold" that hangs on. Coughing is uncommon in the early stages of the disease. Two severe symptoms--hemoptysis (spitting up of blood or blood-stained sputum) and chest pains--are uncommon. Shortness of breath usually does not occur until the lungs are extensively damaged.

The tuberculin skin test detects infection with tubercle bacilli. It cannot distinguish between a person who is infected but who does not have "active" disease, and a person who has "active" disease and is contagious. Most people who have a positive reaction do not have "active" disease.

To diagnose TB, physicians evaluate the history of symptoms, physical signs, microscopic examinations of the patient's sputum (material coughed up from the lungs), a chest X-ray, and a tuberculin test. The sputum of the patient is studied primarily to isolate bacilli and also to distinguish *M. tuberculosis* from other mycobacteria, some of which cause diseases that are difficult to differentiate from TB.

Treatment of Active Disease

In 1986, CDC and the American Thoracic Society published new recommendations for the treatment of TB. Isoniazid and rifampin are the primary medicines used for treatment, and the length of treatment is about nine months, in most cases, but shortened therapy is possible using additional drugs. Researchers are investigating the possibility of further reducing the length of the drug regimen.

Sometimes other drugs are added during the initial phase of treatment, particularly if drug-resistant organisms are present. Because drugs given for treatment of TB can interact with other medications, patients should tell their physicians if they are taking other medicine.

Prevention

TB is largely a preventable disease. In the United States, prevention has focused on early identification of infected individuals, especially those who run the highest risk of developing active disease,and treating them with drugs.

Isoniazid is used alone to prevent the disease in infected persons at high risk. The drug is given for 12 months, although some studies suggest that a 6-month regimen is equally effective. Public health officials recommend that isoniazid be given to contacts of persons with "active" disease, people who have recently had a change from a negative to a positive tuberculin skin test, people with previously known TB (now inactive) who have not had adequate treatment, and other positive tuberculin reactors. This last group includes particularly those with abnormal findings on a chest X-ray or underlying medical conditions such as diabetes or leukemia, and those under 35.

In those parts of the world where the disease is much more common, a vaccine composed of living, attenuated mycobacteria from cows (*M. bovis* referred to as bacillus Calmette-Guerin--BCG) is administered to infants as part of the immunization program. However, its use and effectiveness is questioned by most health authorities in the United States.

Scientists are now studying the surface antigens (substance on cells that stimulate the immune system to react with counter substances) of tubercle bacilli to understand the immunology of tuberculous disease. These studies are important for the development of a vaccine for TB and the development of a blood test to diagnose TB.

LISTING OF COUNTRIES FROM WHICH CHILDREN DO/DO NOT NEED A TB CERTIFICATE

Children born in the following countries DO need a TB Certificate:

Afghanistan
Agrentina
Albania
Algeria
Angola
Anguilla
Antigua
Aruba
Bahama Islands, The
Bahrain
Bangledesh
Barbados
Barbuda
Belize
Benin, People's Republic of
Bermuda
Bolivia
Bonaire
Botswana
Brazil
British Virgin Islands
Brunci
Bulgaria
Burma
Burundi
Cameroon, United Republic of
Canal Zone
Canary Islands
Cape Verde
Cayman Islands
Central African Empire
Chad
Chile
China (People's Republic of)
China, Republic of (Taiwan)
Christmas Island
Cocos (Keeling) Island
Colombia
Comoros
Congo
Cook Islands
Costa Rica
Cuba
Curacao
Cyprus
Democratic Kampuchea
Djibouti
Dominica
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Ethiopia
Falkland Islands
Fiji
French Guiana
French Polynesia (Tahiti)
Futuna Islands
Gabon
Gambia
Germany (East)
Ghana
Greater Antilles
Greenland
Grenada
Grenadines, The
Guadeloupe
Gualemala
Guinea
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
Hong Kong
Hungary
India
Indonesia
Iran
Iraq
Israel
Ivory Coast
Jamaica
Japan
Jordan
Kenya
Kiribati
Korea, North or South
Kuwait
Lao People's Demo Republic of
Lebanon
Leeward Islands
Lesotho
Lesser Antilles
Liberia
Libyan Arab Jamahiriya
Macao
Madagascar
Madeira
Malawi
Malaysia
Maldives
Mali
Martinique
Mauritania
Mauritius
Mexico

Mongolia
Montserrat
Morocco
Mozambique
Namibia
Namiru
Nepal
Nevis
New Caledonia
Nicaragua
Niger
Nigeria
Niue
Norfolk Island
Oman
Pakistan
Panama
Papqa New Guinea
Paraguay
Peru
Philippines
Pitcairn Islands
Poland
Qatar
Redonda
Reunion

Romania
Russia (USSR)
Rwanda
Ryukyu Islands
Saint Helena
Saint Pierre and Miquelon
Saint Kitis
Saint Martin
Saint Lucia
Saint Vincent
Samoa, French
Sao Tome and Principe
Saudi Arabia
Senegal
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
Spanish Sahara
Sri Lanka
Sudan
Surinam
Swaziland
Syrian Arab Republic

Tanzania, United Republic of
Thailand
Tobago
Togo
Tokelau Islands
Tonga
Trinidad
Tunisia
Turkey
Uganda
United Arab Emirates
Upper Volta
Uruguay
Vanuatu
Venezuela
Viet Nam
Wake Island
Wallis Islands
Windward Islands
Yemen
Yemen, Democratic
Yugoslavia
Zaire
Zambia
Zimbabwe

Children born in these following countries DO NOT need a TB Certificate:

Alderney
American Samoa
Australia
Austria
Azores
Belgium
Canada
Commonwealth of the Marrianna Islands
Denmark
England
Faroe Island
Finland
France
Germany (West)
Gibralter
Greece
Guam
Guernsey
Iceland
Ireland
Isle of Man
Italy
Jersey
Liechtenstein
Luxembourg
Malta
Monaco
Netherlands
New Zealand
Northern Ireland
Norway
Palau
Portugal
Puerto Rico
Sark
Scotland
Spain
Sweden
Switzerland
United States of America
United Kingdom
Virgin Islands
Wales

In accordance with OAR 33-19-405, any student born in a country other than those listed above, must present a TB Certificate showing evidence of freedom from communicable TB upon initial entry into an Oregon school.

CERTIFICATE OF TUBERCULOSIS STATUS

(Note: This form is provided in three-part NCR.)
To be completed by HD or private physician for all students entering Oregon school for the first time or coming from a TB endemic country.

FOR SCHOOL USE ONLY

School Name

District

Student ID#

PARENTS: PLEASE SEE INSTRUCTIONS ON REVERSE

1. Student Name: ______ Birthdate: ______

Country of Birth: ______

PHYSICIAN: PLEASE SEE "TO THE PHYSICIAN" ON THE REVERSE

2. MANTOUX SKIN TEST **(Tine Test is not acceptable).** Required by OAR 333-19-405 (7).
Date Applied: ______ Date Read: ______ Results: ___ mm induration (48-72hr)
☐ Insignificant Reaction (less than 10mm induration)
☐ Significant Reaction (10mm or greater induration)
☐ Unknown

3. CHEST X-RAY FINDINGS (If required. See Reverse)
Date of Chest X-Ray: ______
☐ Normal
☐ Stable X-Ray with findings compatible with tuberculosis
☐ X-Ray consistent with active tuberculosis
☐ Abnormal X-Ray, but not due to tuberculosis
☐ Unknown

4. CHEMOTHERAPY STATUS (If required. See Reverse)
☐ Student has NEVER had tuberculosis treatment of any kind
☐ Student is CURRENTLY receiving chemotherapy
Start date: ______
Projected completion date: ______
☐ Student has COMPLETED chemotherapy for tuberculosis. Date completed: ______
☐ Student has received INCOMPLETE therapy
☐ Unknown

5. DIAGNOSIS (Required)
☐ FREE from ACTIVE tuberculosis at this time
☐ Tuberculosis disease is present, but student is NOT CONTAGIOUS
☐ Student has CONTAGIOUS tuberculosis
☐ Unknown

6. FOLLOW-UP DATE (Required unless skin test is insignificant)
Date: ______
Month Year

7. ______
Physician or Clinic Name (Please Print) Phone

______
Address City State ZIP

X ______
Physician Signature Date

Original: Student File/School
Yellow: School Health Service
Pink: Parent Copy

INSTRUCTIONS TO PARENTS:

Oregon Administrative Rules [OAR 333-19-405 (7)] require that children born outside of the United States, Canada, Australia, New Zealand, and Western Europe entering public, private, or parochial schools in Oregon present evidence of freedom from communicable tuberculosis (TB) to that school.

This form has been given to you because your child has been identified as one who was born in a part of the world where TB is more common than it is in the United States. If your child was born in the U.S., Canada, Australia, New Zealand, or Western Europe, please contact your school administrator, as your child's records may be in error.

Otherwise, your child needs testing for TB in order to enter or remain in school. You can obtain testing from your physician or from you County Health Division.

This form must be submitted before enrollment. Students who need TB testing, but who fail to be tested WILL BE EXCLUDED FROM SCHOOL to guard against possible transmission of tuberculosis.

TO THE PHYSICIAN:

THE BASIC TUBERCULOSIS TEST REQUIRED BY OAR 333-19-405 (7) IS A MANTOUX METHOD SKIN TEST. (Tine tests are **NOT** acceptable.)

If the Mantoux test is insignificant (less than 10mm induration after 48-72 hrs) no further testing is required. For these students:

1. Complete item 2 and check "Insignificant Reaction."
2. Check "FREE from ACTIVE tuberculosis at this time" in item 5.
3. Sign, date and complete item 7.

If the Mantoux test is significant (10mm or greater after 48-72 hrs), a chest X-Ray is required. If the X-Ray is normal:

1. Complete item 2 and check "Significant Reaction."
2. Write in the date of the chest X-Ray in item 3 and check "Normal."
3. Check the appropriate chemotherapy status box in item 4.
4. Check "FREE from ACTIVE tuberculosis at this time" in item 5.
5. Specify a follow-up date not greater than one year in the future in item 6. We will request at least one follow-up chest X-Ray or evidence of completion of chemoprophylaxis for these students. (You will receive another form at that time.
6. Sign, date and complete item 7.
7. WE URGE YOU TO OFFER INH PROPHYLAXIS TO THESE STUDENTS, IF NOT MEDICALLY CONTRAINDICATED. If you are interested in services available for your client, please call you County Health Division for more information.

The above instructions will pertain to about 99% of the students screened for TB. If you have a student with any other findings (e.g., abnormal X-Ray), please call your County Health Division for advice on completing the form.

Accurate completion of this important document will protect other students from TB as well as assure that each student who requires testing will be able to remain in school without interruption.

TUBERCULOSIS EXCLUSION LETTER

(Note: This form is provided in three-part NCR.)

DATE: ______________________________

To the Parent/Guardian of ______________________________
RE: Exclusion From School ______________________________

Dear Parent:

Oregon health rules require that children who were not born in the United States, Australia, New Zealand, or Western Europe must be tested for tuberculosis (TB) and give proof of testing. The school does not have proof of testing for your child.

The following tests are required:

_____ Mantoux method tuberculosis skin test
_____ Chest x-ray
_____ ___________________________________

State law requires that your child cannot be allowed to attend school if proof of freedom from communicable TB is not on file. Therefore, your child will be excluded from school ____________________________. In order to have this exclusion order stopped and to assure that your child can continue to attend school, you must do ONE of the following things:

- If you wish to go to your own doctor, have your doctor give the tests and then complete and sign the attached TB Certificate and return it to your child's school.

OR

- Take this notice to any records of TB testing and x-rays of your child to your county health department or TB clinic.

OR

- If you have no records, the TB clinic can perform the required tests for you. There is a fee for these services, but no one is denied service if they cannot pay. *Please call ahead for times when tests can be done. Please bring this notice with you when you come in.*

If you believe this letter is in error or that your child does not need to have TB testing, please call School Health Services at ______________. If there is still a problem, you may request a formal hearing on this order. Please see the other side of this letter for more information about a hearing.

Thank you for your help.

Sincerely,

Health Officer

NOTICE OF RIGHT TO ADMINISTRATIVE HEARING

If you believe this exclusion order was given to your child by mistake, you may ask for a review by your county Health Division. To ask for this review, you must:

1. Write a letter to your county Health Division telling them why you believe the exclusion order was in error (see address below). This letter must be received by the Health Division on or before the date set for exclusion.

2. If you received this letter less than two (2) days before the EXCLUSION DATE, or if you have some other reason for not asking for a review within the two (2) days of the EXCLUSION DATE, please tell them why in the letter. If you do not, your request for a review may be denied.

3. When the Health Division receives your request, it will be reviewed informally. Please include a telephone number where you can be reached. Every effort will be made to settle the matter without a formal hearing.

4. If the matter is not settled informally, you will be advised of the date, time, and place of the hearing. Your child will not be kept out of school until the hearing is finished and a decision is made.

5. If a hearing is held, you may:

    (a) look at the papers on file which led to the exclusion order;
    (b) have an attorney present to help you;
    (c) question witnesses; and
    (d) give proof (papers and witnesses) which support your position in the hearing.

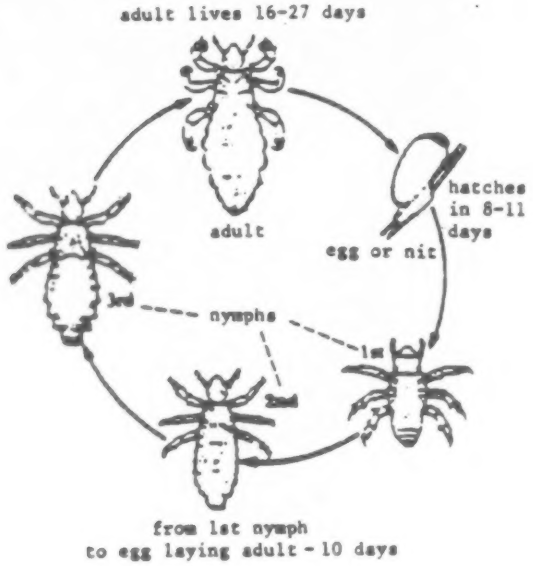
6. You will be advised in writing of the decision made in the hearing.

Send written requests for a hearing to:

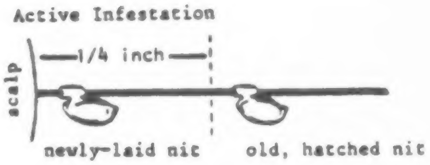
TB Hearing
County Health Officer
County Health Division

Parent Education Letter Regarding Head Lice

LIFE CYCLE OF HEAD LOUSE


adult lives 16-27 days
adult
egg or nit
hatches in 8-11 days
nymphs
1st
2nd
3rd
from 1st nymph to egg laying adult - 10 days

NITS ON HAIR OF HEAD


Active Infestation
1/4 inch
scalp
newly-laid nit
old, hatched nit

PEDICULOSIS

"Head Lice" are common in children. The major symptom is itching of the scalp. Your school wishes to alert you that a case of head lice was reported in your child's classroom today.

If all parents will check their children's hair every day for the next two weeks, it would help control further outbreak. If you find the bugs and/or grayish-white dandruff-like particles (louse eggs or nits) that seem glued to the hair shaft:

1. Keep your child home until properly treated.
2. Notify the school of your findings.
3. Contact your Education Service District, School Health Services, or your health care provider for further information about treatment.

It is no longer necessary to ask children to remain home for several days. STUDENTS MAY RETURN TO SCHOOL FOLLOWING PROPER TREATMENT OF ENVIRONMENT AND USE OF A SPECIAL SHAMPOO FOR HEAD LICE AND REMOVAL OF ALL NITS.

Students who have been reported to have head lice will be brought to the attention of the school nurse for follow-up. If you have any further questions, call the school or the school nurse.

Sincerely,

Principal

Parent Head Lice Screening Letter

Date____________________

Dear Parents:

Head lice is a common problem among school age children and anyone can become infested. You can become alert to this condition in your own children by watching for signs such as severe itching of the scalp, especially in the hair over the ears and on the back of the neck.

Lice appear as tiny greyish-brown insects. They are smaller than fleas and move very quickly. They do not jump or fly. The eggs, called nits, are laid close to the scalp on hair shafts and are different from dandruff or dirt because the eggs are very hard to pull off the hair. It is necessary to look at the entire head and scalp.

Lice are spread by coming into direct contact with the scalp or personal items of an infested person. Children should be discouraged from sharing items such as combs, brushes, scarves, sweaters, hats or other things which touch the scalp or hair of an infested person.

___ Your student's class room has been screened for head lice and he/she is free from infestation at this time. If all parents will check their children's hair every day for the next TWO WEEKS, it would help control further outbreak.

___ Head lice/nits were found today on ______________________________. You will need to use a special head lice shampoo (see back of sheet) on all household members, and ALL NITS must be removed from your student's hair. When your student has been treated appropriately, he/she may return to school. It is expected that students will return the next scheduled school day.

___ Nits were observed on ___________________________ today. Appropriate treatment has been reported. A repeat treatment with head lice shampoo is not indicated at this time. ALL NITS MUST BE REMOVED. When this is done your student may return to school. It is expected that students will return to school on the next scheduled school day.

If you have questions, please call _________________________________, R.N., at your student's school or at the School Health Services office.

PARENTS, PLEASE COMPLETE AND RETURN TO SCHOOL.

To School Personnel:

This is to notify you that ______________________________ has been treated for head lice with ________________________ on (date)_______________, and ALL nits have been removed.

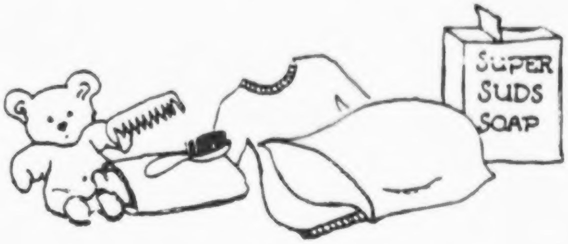
____
PARENT/GUARDIAN SIGNATURE

RECOMMENDED TREATMENT OF HEADLICE

1. First treat clothing and household items:

    A. Wash all clothes and hats in hot, soapy water.
    B. Scrub combs and brushes for 10 minutes in hot, soapy water or soak for one hour in 70% alcohol.
    C. Vacuum rugs, mattresses, upholstered furniture and car seats.
    D. Wash pillows, sheets, blankets and stuffed toys.
    E. Press seams of furniture with hot iron. (Note - if some items cannot be washed you may: a) dry clean; b) seal in airtight bag and place in freezer for 48 hours; c) seal in an airtight bag and set aside for 2-3 weeks; d) purchase special spray at drug store (this spray is not for people or animals).

NOTE: Complete all tasks in point 1 before treating with liquid shampoo.



2. Treat student and all household persons with liquid pediculicide* as follows:

    A. Apply liquid to DRY HAIR and scalp (DO NOT WET HAIR FIRST) until hair is thoroughly wet, paying particular attention to areas behind ears and backs of necks. Wash off in ten minutes. Avoid contact with eyes and mouth. Do not apply to eyebrows or lashes.
    B. Wash hair with warm water and regular shampoo. Rinse thoroughly and dry with towel.
    C. Comb the hair with a fine tooth comb to remove ALL of the nit shells. A warm vinegar rinse will help loosen the nits.

3. Retreat student in seven to ten days following steps listed in #2.

* Pyrethrins with piperonyl butoxide liquid, are available over the counter.

WARNING: Do not use pyrethrins if you are allergic to ragweed or have serious skin allergies without consulting a physician.

Parent Follow-up Letter Following Head Lice Re-screening

Date____________________

Dear Parent/Guardian:

Because ______________________________________ was found to have head lice
(student's name)
approximately seven to ten days ago, a second inspection was done at school today which showed:

____ No evidence of active lice

____ Active lice observed

____ Nits observed - ALL nits must be removed

In view of these findings, we are reminding you that a second treatment is now due. Treatment instructions are on the back of this letter. Even if you have already completed the second treatment, please provide information below.

Recurrent infestation may require extra care in all areas of treatment. A third inspection will take place in seven days. If you have any questions, you may wish to contact your health care provider.

If you have any questions, please call ______________________________, R.N.,

at your student's school or at the School Health Services office.

==

PARENTS, PLEASE COMPLETE AND RETURN TO SCHOOL.

To School Personnel:
This to notify you that ______________________________ has been treated for head lice with __________________________ on (date)______________, and ALL nits have been removed.

____
PARENT/GUARDIAN SIGNATURE

Medication Permission and Administration Form

Child's Name ____________________

Instructions provided by your doctor are needed in order for your child to take medication at school.

To be completed by parent: I hereby authorize any person or persons designated by the principal to assist my child to take the following medications at school:

MEDICATION	DOSE	TIME	DIRECTIONS

Diagnosis or reason for medication ____________________

____

Date ____________ Parent Signature ____________________

Date ____________ Physician's Signature ____________________

DAILY RECORD OF ADMINISTRATION

Name of Medication	Directions	Date & Time Taken	Assisted By

Medication Physician Orders

(To be used as a sample by school personnel
when contacting student's physician for information and direction
on medication to be taken at school.)

Dear Doctor:

School personnel from ______________________ School have been requested by ____________________________(Parent/Guardian) to assist in administering medication to _________________________ (Student). In order to comply with this request and in accordance with O.A.R. 336.650, we need the following information from you:

==

Name of Patient:______________________________DOB __________________

Name and dosage of medication:____

Time(s) to be given:___________________ Route of administration:

By mouth__________
Injection__________
Other__________

Purpose for medication:____

Duration of therapy: Starting________________Ending__________________

Special Instructions:____

____

____

Thank you for your cooperation.

Sincerely,

____

____
Physician's Name (Please print/stamp)

____
Physician's Signature

____
Address Zip

_______________ _______________
Phone number Effective Date

MEDICATION FLOW SHEET

STUDENT'S NAME: ____________________

DOCTOR'S NAME: ____________________ PHONE: ____________

MEDICATION/DOSAGE: ______________ PRESCRIPTION: ____________

TIME TO BE GIVEN/TAKEN AT SCHOOL: ____________________

ADMINISTERED BY: ______ Mouth ______ Injection ______ Other: ____________

PURPOSE: ____________________

MEDICATION WILL BE REQUIRED FROM ____________ to ____________
Date Date

SPECIAL INSTRUCTIONS: ____________________

Date	Time	Prescription and Dosage	Sign. of person adm. or assist.

(This form is to be kept with Parent Authorization; complete one flow sheet for every medication student is taking during school hours.)

ORS 336.650. Liability of School Personnel Administering Medication.

A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil pursuant to written permission of the pupil's parents or guardian and in compliance with the instructions of a physician, is not liable in a criminal action or for civil damages as a result of the administration, except for an act or omission amounting to negligence or willful and wanton misconduct. (1979 c. 263 2)
ORS 433.805-830.

433.805. "Programs to Treat Insect Stings".

"Policy. It is the purpose of ORS 433.805 to 433.830 to provide a means of authorizing certain individuals when a physician is not immediately available to administer lifesaving treatment to those persons who have severe adverse reactions to insect stings."

Medication Flow Sheet

DATE RECEIVED:	DATE DISCONTINUE

STUDENT'S NAME Last First		SCHOOL	GRADE:
Number of pills or amount of medication:	Name and number of prescription medicine.		EMERGENCY USE ONLY *
POSSIBLE REACTIONS/SIDE EFFECTS:	SPECIAL INSTRUCTIONS		

I, hereby, request and authorize the school to dispense this medication in accordance with the physician's instructions

Parent's Signature

Home Phone

Work Phone

DATE	TIME	DOSAGE	PERSON ADMINISTERING	COMMENTS

* See attached physician's statement.

DATE	TIME	DOSAGE	PERSON ADMINISTERING

NEGLECT/ABUSE INDICATORS

Physical Abuse:

Physical Indicators--

- Bruises and welts on face, lip, mouth, torso, back, buttocks, or thighs in various stages of healing.
- Bruises and welts reflecting shape of article used (electric cord, belt buckle).
- Cigar/Cigarette burns, especially on soles, palms, back, or buttocks.
- Immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia).
- Burns patterned; i.e., electric element, iron, or utensil.
- Rope burns on arms, legs, neck, or torso.
- Lacerations to mouth, lips, gums, eyes, or external genitalia.
- Fractures of skull, nose, or facial structure in various stages of healing; multiple or spiral fractures.

Behavioral Indicators--

- Wary of adult contacts.
- Apprehensive when other children cry.
- Behavioral extremes, such as aggressiveness or withdrawal.
- Frightened of parents.
- Afraid to go home.

Neglect:

Physical Indicators--

- Consistent hunger, poor hygiene, inappropriate dress.
- Consistent lack of supervision.
- Unattended physical/emotional problems or medical needs.

Behavioral Indicators--

- Begging, stealing food.

- Extended stays at school (early arrival and late departure).
- Constant fatigue, listlessness, or falling asleep in class.
- Alcohol or drug abuse.
- Delinquency
- States there is no caretaker.
- Shunned by peers.

Mental Injury or Emotional Abuse:

Physical Indicators--

- Speech disorders.
- Lag in physical development.
- Failure to thrive.

Behavior Indicators--

- Habit disorders (sucking, biting, rocking).
- Conduct disorders (antisocial, destructive).
- Neurotic traits.
- Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria).
- Behavior extremes: compliant/passive, aggressive/demanding.
- Mental/Emotional development delay.
- Attempted suicide.

Sexual Abuse and Sexual Exploitation:

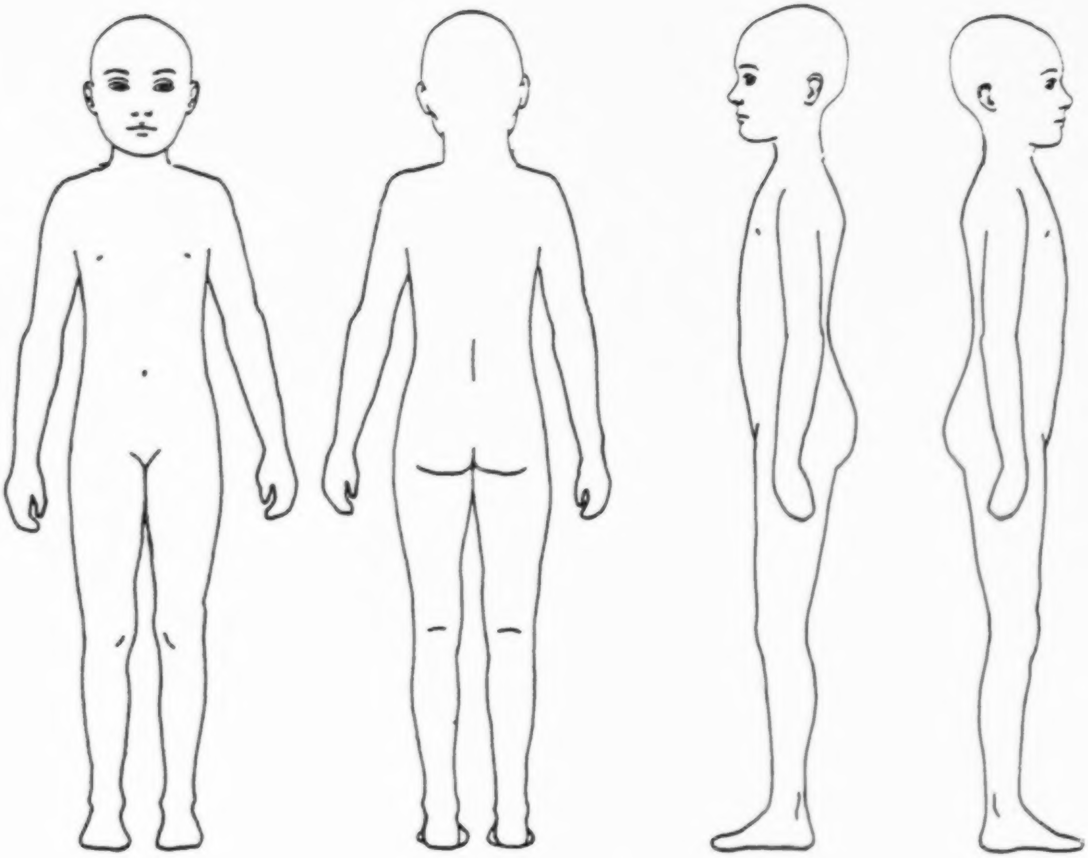
Physical Indicators--

- Difficulty in walking or sitting.
- Torn, stained, or bloody underclothing.
- Pain or itching in genital area.
- Bruises, bleeding, or infection in external genitalia, vaginal, or anal areas.
- Venereal disease, especially in preteens.
- Pregnancy.

Behavioral Indicators--

- Unwilling to change for gym or participate in physical education class.
- Poor peer relationships.
- Delinquent or runaway.
- Reports sexual assault (children seldom lie about sexual abuse).
- Fear of a person or an intense dislike at being left with someone.
- Unusual interest in or knowledge of sexual matters, expressing affection in ways inappropriate for a child of that age.
- Refer also to behavior indicators of emotional abuse.

ANATOMICAL CHART
TO DOCUMENT NEGLECT/ABUSE

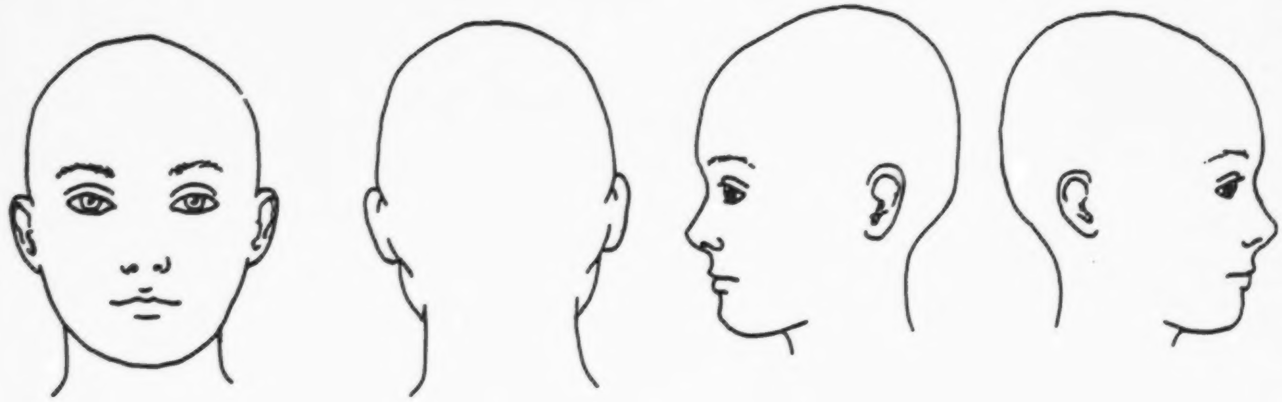


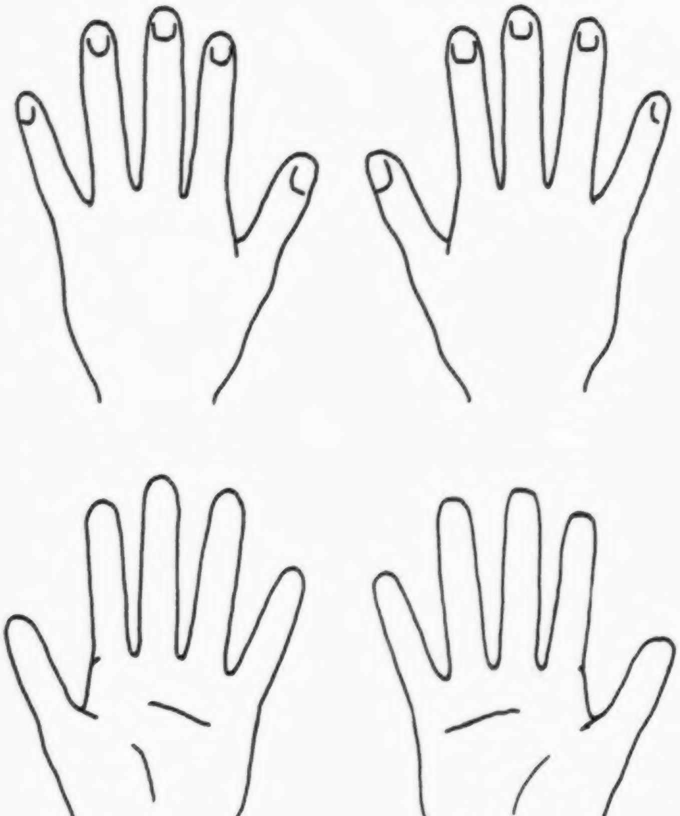
NAME____________________________________

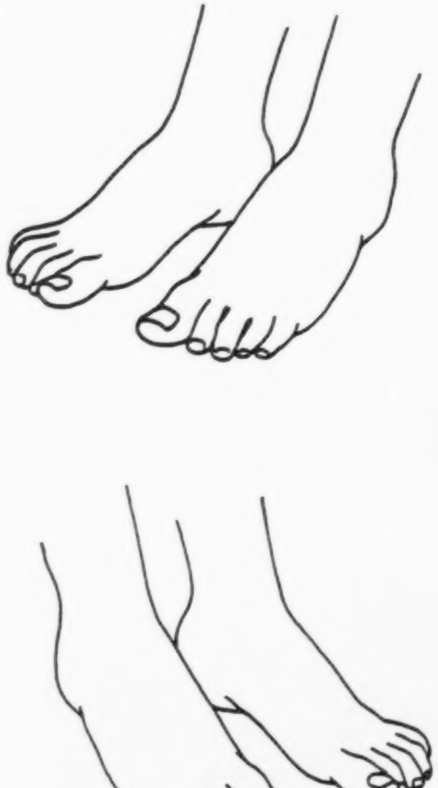
DATE____________________________________

R.N.____________________________________

SCHOOL__________________________________







CHILD NEGLECT CHECKLIST FOR SCHOOL PERSONNEL

CHILD NEGLECT CHECKLIST

PURPOSE: To aid school personnel in documenting child neglect concerns.

Student's Name______________________________ School______________________________

Time line for review__________________________

OBSERVATIONS

	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
1. Torn, dirty or inappropriate clothing								
2. Unexplained bruises, cuts, burns, baldness								
3. Gross dental needs								
4. Fatigue or listlessness								
5. Poor body hygiene								
6. Begging or stealing food								
7. Absence, tardiness or staying late								
8. Inappropriate seeking of affection								

9. Statements made by child

10. Other

Observation of a single factor or isolated occurrence does not in itself indicate abuse/neglect. A pattern of observation of these factors should be documented over a period of time.

Teacher Signature

This is your worksheet; please confer with the school nurse at a mutually agreed time line.

Student Self-Assessment Checklist for Anorexia Nervosa/Bulimia

ARE YOU DYING TO BE THIN?

Your answers to the following questions will indicate whether you have, or could develop, an eating disorder. Anorexia nervosa (self-starvation) and bulimia (the binge/purge cycle) affect thousands of people every year. Don't let them ruin your health and happiness.

Check the items that describe you.

_____ 1. Even though people tell me I'm thin, I know I'm too fat.

_____ 2. If I get tense, uptight, or anxious, I'm likely to eat.

_____ 3. I have tried many diets and weight control programs.

_____ 4. I have fasted (eaten nothing) to lose weight.

_____ 5. When I'm bad, I eat junk food. When I'm good, I eat fruits, vegetables, and low-calorie protein.

_____ 6. My family and friends eat differently than I do.

_____ 7. I panic if I can't exercise.

_____ 8. I eat very little breakfast and lunch. Sometimes I skip these meals. By dinner I could eat a horse.

_____ 9. I vomit to lose weight or to avoid gaining weight.

_____ 10. I take laxatives to lose weight or avoid gaining weight.

_____ 11. I take diuretics (water pills) to lose weight or to avoid gaining weight.

_____ 12. (Women only) My menstrual periods are irregular or absent.

_____ 13. Every day I worry about what I will eat.

_____ 14. I want other people to like me.

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_____ 15. If the scales tell me I've gained two pounds, I become anxious and depressed.

_____ 16. I would rather eat by myself than with family or friends.

_____ 17. I binge eat.

_____ 18. I have been called an over-achiever and a perfectionist.

_____ 19. I have lost time from school or work because of my eating habits.

_____ 20. My eating habits and food fears interfere with friendships and intimate relationships.

_____ 21. Other people talk about the way I eat.

_____ 22. I play with my food (cut it into tiny pieces, eat it ritualistically, make patterns with it, hide it, or spit it out before I swallow).

_____ 23. I get angry when people watch me eat.

_____ 24. I get angry when people urge me to eat.

_____ 25. I spend a lot of time alone.

_____ 26. I'm more depressed and irritable than I used to be.

_____ 27. I don't talk much about my fear of food and weight gain because no one would understand.

_____ 28. I am hardly ever satisfied with myself.

_____ 29. I enjoy cooking goodies for others, but I don't eat them myself.

_____ 30. I would rather die than be fat.

_____ 31. I love to read calorie charts and books about dieting and exercise.

_____ 32. Supermarkets both fascinate and frighten me.

_____ 33. I want to be thinner than my friends.

_____ 34. I have stolen food from stores or other people.

_____ 35. I have a secret stash of food.

_____ 36. When I eat, I'm afraid I won't be able to stop.

_____ 37. I lie about what I eat.

_____ 38. I don't like to be bothered when I'm eating.

_____ 39. I'm often cold. My hands and feet get icy.

_____ 40. If I were thin, I'd like myself better, and other people would too.

The more items you checked, the greater the chances you have, or will develop, an eating disorder. If you want to overcome your anxiety about food, weight, and eating, check with your physician, psychotherapist, or dietitian.

Anorexia nervosa and bulimia are potentially fatal disorders, but people do recover from them. Professional treatment is almost always necessary. The earlier you begin, the better. These problems do not go away by themselves. Let us know if you need a referral.

ANOREXIA NERVOSA AND RELATED EATING DISORDERS, INC.

ANRED

Post Office Box 5102

Eugene, Oregon 97405

503/344-1144

THE TAYLOR HYPERACTIVITY SCREENING CHECKLIST

For each of the 21 behaviors, put an "X" in one of the three boxes to show what is typical for the child. Rate the child's behavior when the child is not being supervised, helped, or reminded; when the child is not receiving medication or nutrition management to control hyperactivity; when the child is not watching television. Indicate the trend--which direction the child's behavior is leaning.

Compared with other children of the same age, this child shows behavior:

Activity	A More like this	B No trend	C More like this	Activity
1. Quiet when sitting				Noisy and talkative when sitting
2. Voice volume is soft or average				Voice is generally too loud
3. Few mouth or body noises				Makes lots of clicks, whistles, and sounds with mouth or body
4. Walks at appropriate times				Runs and jumps rather than walks
5. Keeps hands to self				Pokes, touches, feels, and grabs
6. Appears calm, can be still				Always has something moving; fidgets with hands or feet; jumpy
7. Can just sit				Has to be doing something when sitting, to occupy self
8. Concentrates and blocks out distractions				Gets distracted by noises, people, etc
9. Slow to react, thinks before acting				Quick to react, reacts on impulse
10. Finishes one thing before starting another				Starts many new things without finishing any
11. Obeys directions and follows orders				Disobeys and needs supervision or reminding
12. Avoids joining into others' mischief				Attracted by and gets drawn into others' mischief
13. Understands why others are displeased after misbehavior				Expects others not to be displeased by misbehavior, or does not realize that misbehavior has occurred
14. Thinks ahead to later consequences				Does things without considering consequences doesn't plan ahead
15. Cooperates, obeys and enforces rules				Wants rules changed, wants to be the exception

Activity	A More like this	B No trend	C More like this	Activity
16. Concerned about punishments and consequences				Pretends to have an "I don't care" attitude if threatened or punished
17. Constant mood with mild or slow mood changes; calm				Rapid and extreme mood changes, happy one minute and hostile the next; moody
18. Gives up when denied by parent or teacher				When denied, pesters, harps on it, doesn't give up
19. Easy going, can accept frustration, can take no for an answer				Irritable, can't accept frustration, can't take no for an answer
20. Doesn't try to bother or hurt others with words				Needles, teases, picks on others with words
21. Emotions don't disrupt relationships, are reasonably restrained				Emotions are extreme rather than moderated; seems ruled by them; very hostile or very affectionate

SCORING: The score is the total number of items in Column B, plus twice the number of items in Column C. Range is 0-42. If the child's score is 24 or less, hyperactivity is not indicated; 25-27, borderline; 28-32, mild hyperactivity; 33-37, moderate hyperactivity; 38-42, severe hyperactivity. Development and validity data are given in The Hyperactive Child and the Family, by John F Taylor, Ph.D.

A.D.D. Behavior Rating Scales

by

Ned Owens M.Ed.

Betty White Owens

Name________________________________ Age____ Grade____ Date______________

Rate EVERY statement by placing the appropriate number which most fits the student's behavior in the box opposite the statement.

1 You have not noticed this behavior before.
2 You have noticed this behavior to a slight degree.
3 You have noticed this behavior to a considerable degree.
4 You have noticed this behavior to a large degree.
5 You have noticed this behavior to a very large degree.

1. Fails to complete assigned tasks ----------------------- ☐
2. Often acts before thinking ---------------------------------- ☐
3. Runs or climbs a great deal ---------------------------------- ☐
4. Gets mad easily --- ☐
5. Is a poor reader -- ☐
6. Doesn't seem to listen or pay attention ---------------- ☐
7. Shifts excessively from one activity to another ------------- ☐
8. Has difficulty staying seated ----------------------------------- ☐
9. Shows anger when told to do something ----------------------------- ☐
10. Is a poor speller -- ☐
11. Poor concentration on difficult tasks ---------------- ☐
12. Can't seem to organize school work ------------------------ ☐
13. Has difficulty sitting still; fidgets ------------------------ ☐
14. Is easily frustrated -- ☐
15. Does not follow verbal directions -------------------------------------- ☐
16. Doesn't stick to just one play activity (changes a lot) - ☐
17. Needs a lot of supervision ----------------------------------- ☐
18. Moves excessively during sleep or "rocks" in daytime ----------- ☐
19. Loses temper easily --- ☐
20. Handwriting is poor (may vary day to day) ------------------------------ ☐
21. Is distracted easily ----------------------------------- ☐
22. Interrupts or speaks out of turn ---------------------------- ☐
23. On the go much of the time -- ☐
24. Can't take teasing -- ☐
25. Has difficulty in completing homework ------------------------------------ ☐

☐	☐	☐	☐	☐
1	2	3	4	5

Rate EVERY statement by placing the appropriate number which most fits the student's behavior in the box opposite the statement.

1 You have not noticed this behavior before.
2 You have noticed this behavior to a slight degree.
3 You have noticed this behavior to a considerable degree.
4 You have noticed this behavior to a large degree.
5 You have noticed this behavior to a very large degree.

26. Is afraid of many things ------------------------------- ☐
27. Doesn't trust himself or "downs" himself -------------------- ☐
28. Delights in others' failures or getting into trouble ------------- ☐
29. Exhibits stubbornness -- ☐
30. Has "I don't care" attitude --- ☐
31. Worries about many things ------------------------------ ☐
32. Seems satisfied with poor school work --------------------- ☐
33. Pushes or shoves classmates ------------------------------------ ☐
34. Resists being disciplined --- ☐
35. Is untruthful and may cheat at games ---------------------------------- ☐
36. Is easily embarrassed ---------------------------------- ☐
37. Doesn't compete with others ------------------------------- ☐
38. Tries to boss other children ------------------------------------ ☐
39. Blames others for his mistakes or behavior ------------------------ ☐
40. Makes promises but doesn't keep them ----------------------------------- ☐
41. Appears nervous -- ☐
42. Is easily frustrated and gives up quickly ------------------ ☐
43. Makes derogatory remarks about others ------------------------ ☐
44. Must have his own way --- ☐
45. Steals --- ☐
46. Appears tense --- ☐
47. Has little confidence ------------------------------------- ☐
48. Plays tricks on others or teases ------------------------------ ☐
49. Will not take suggestions -- ☐
50. Does not respect authority --- ☐

Rated by__________________________

Relationship to Child______________

☐	☐	☐	☐	☐
6	7	8	9	10

NAME ______________________ Age_____ DATE ______________________

SCHOOL ______________________ GRADE ______________________

RATED BY ______________________ RELATIONSHIP TO STUDENT ______________________

ATTENTION DEFICIT DISORDER BEHAVIOR RATING SCALES PROFILE SHEET

SCORE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
	1 INATTENTION																										PRIMARY (ORGANIC)
	2 IMPULSIVITY																										
	3 HYPERACTIVITY																										
	4 ANGER CONTROL																										SECONDARY (EMOTIONAL)
	5 ACADEMICS																										
	6 ANXIETY																										
	7 CONFIDENCE																										
	8 AGGRESSIVENESS																										
	9 RESISTANCE																										
	10 SOCIAL																										
		NORMAL							AT RISK									VERY HIGH RISK									

Students scoring eight or more on Inattention and Impulsivity meet the behavior criteria for Attention Deficit Disorder without Hyperactivity and should be referred to their medical doctor for the possibility of medical intervention.

Students scoring eight or more on Inattention, Impulsivity, and Hyperactivity meet the behavior criteria for Attention Deficit Disorder with Hyperactivity and should be referred to their medical doctor for the possibility of medical intervention.

Some "A.D.D." students who are emotionally withdrawn will not meet criteria for Impulsivity but should be referred.

Conners' Teacher's Questionnaire for Attention Deficit Hyperactivity Screening

Name of Child ______________________ **Grade** ________

Date of Evaluation ______________________

Please answer all questions. Beside *each* item, indicate the degree of the problem by a check mark (✓)

	Not at all	Just a little	Pretty much	Very much
1. Restless in the "squirmy" sense.				
2. Makes inappropriate noises when he shouldn't.				
3. Demands must be met immediately.				
4. Acts "smart" (impudent or sassy).				
5. Temper outbursts and unpredictable behavior.				
6. Overly sensitive to criticism.				
7. Distractibility or attention span a problem.				
8. Disturbs other children.				
9. Daydreams.				
10. Pouts and sulks.				
11. Mood changes quickly and drastically.				
12. Quarrelsome.				
13. Submissive attitude toward authority.				
14. Restless, always "up and on the go."				
15. Excitable, impulsive.				
16. Excessive demands for teacher's attention.				
17. Appears to be unaccepted by group.				
18. Appears to be easily led by other children.				
19. No sense of fair play.				
20. Appears to lack leadership.				
21. Fails to finish things that he starts.				
22. Childish and immature.				
23. Denies mistakes or blames others.				
24. Does not get along well with other children.				
25. Uncooperative with classmates.				
26. Easily frustrated in efforts.				
27. Uncooperative with teacher.				
28. Difficulty in learning.				

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